

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25614

FILED JUL 26 1947

Registrar's No. 2830

Registration District No. Primary Registration District No. 1002

1. PLACE OF DEATH: 318

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4035 Kossuth Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Henry H. Heil

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Heil nee Mattmann

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 15, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 6 5 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Dazey Churn Co.

MOTHER FATHER

12. Name Edward Heil

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Brunswick, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Heil

(b) Address 4035 Kossuth Ave.

17. (a) Burial (b) Date thereof 7/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) 211947 (b) J. J. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1947 hour 9:00 AM minute M.

21. I hereby certify that I attended the deceased from 6/20, 1946 to 7/20, 1947
that I last saw him alive on 7/18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma 1 year
Due to.....

Metastasis in spine 2 mos.
Due to.....

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none
(Specify type of place)

23. Signature Charles E. Martini
Address 3911 Lebar, St. Louis, Mo. signed 7/21/47

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Richard G Burnley

Licensed Embalmer No..... *4292*

P. O. Address..... *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.