S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 8 3 1947

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 25617

Registrar's No. 2044

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

1. PLACE OF DEATH:

(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: City Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2mos.29ds. (Specify whether
In this community 65 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 a 0

(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2250 Jules Ave 9
(If rural, give location)

23 No 0

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

If yes, name country

3. (a) PRINT FULL NAME MARTHA HEISEL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Alexander

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

7. Birth date of deceased July 27 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	0	0	hr. min.

9. Birthplace Germany 14
(City, town, or county) (State or foreign country)

10. Usual occupation Nil 1

11. Industry or business

FATHER
12. Name not given
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name not given
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 7/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St.Peter&Paul Cemetery

18. (a) Signature of funeral director John H. Hebken Ind. Co
(b) Address 2630 Gravois Ave.

19. (a) JUL 29 1947 J. F. Bradeak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1947 hour 8.40 minute P M.

21. I hereby certify that I attended the deceased from April 8, 1947 to July 27th, 1947; that I last saw her alive on July 27, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Pulmonary Edema	4/8/47x
Due to Arteriosclerosis generalized	4/8/47x
Due to Gangrene of the right foot	4/8/47x
Other conditions (Include pregnancy within 3 months of death)	

97

Major findings:
Of operations
Of autopsy

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature Russ H. Potter (M. D. or other) M.D.

Address 5400 Arsenal Date signed 7/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Ronald Yahnke.....

Licensed Embalmer No.....3917.....

P. O. Address.....4355 Washington Av

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.