

S. No. 2
1-12-45
7-5-17-39
K47070

26349

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 23 1947

Registration District No. 2

Primary Registration District No. 6076

Registrar's No. 1543

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Gardenville
(c) Name of hospital or institution: Miller Nursing Home
(d) Length of stay: 6 yrs.
In this community 6 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Gardenville
(d) Street No. Miller Nursing Home
(e) Citizen of foreign country? No.
If yes, name country _____

3. (a) PRINT FULL NAME EMMA K. HEINZ

3. (b) If veteran, name war L 3. (c) Social Security No. ---

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased Jan. 6 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business unknown

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Wm. Stark

(b) Address 4354 Ellenwood

17. (a) Burial (b) Date thereof 7-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Supisib Burial Pl.

18. (a) Signature of funeral director John A. Ziegenhein

(b) Address 7827 Grandway
19. (a) 7-18-47 (b) Awledg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1947 hour 10:15 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan. 14th, 1947, to July 14th, 1947;
that I last saw h_er alive on July 12th, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 wk.

Due to 131a
Due to _____

Other conditions Chronic Nephritis and Chr. Arteriosclerosis 6 Mo.
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no
PHYSICIAN _____
Underline the cause to 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?

23. Signature W. H. Walters While at work? _____ (Specify type of place)
Address 3608 South Grand Blvd. (a) Means of injury _____
Date signed 7/18/47

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

SEP 3 1947

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 *W. G. Peterson*
Licensed Embalmer No. *3767*
P. O. Address *7027 Gravois*

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.