No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2608
Registrar's No. 300

Registration District No. 318 Primary Registration District No. 1002

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 3508 PESTALOZZI ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3508 Pestalozzi Street 9
(If rural, give location) 0
(e) Citizen of foreign country? 16 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA HEISEL
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harry A. Heisel
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased January (Month) 27, (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	63	11	12	hr. min.

9. Birthplace Paris, France (City, town, or county) (State or foreign country)
10. Usual occupation Retired Practical Nurse
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Voney
15. Birthplace Alsaace Lorraine 8 (City, town, or county) (State or foreign country)
16. (a) Informant Vernice Heisel
(b) Address 3508 Pestalozzi Street
17. (a) Incineration (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd
19. (a) JAN 11 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1948 hour 9 minute 55 P. M.
21. I hereby certify that I attended the deceased from Oct. 1
Oct. 1, 1947 to Jan 9, 1948
that I last saw her alive on Jan 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis
Due to Carcinoma of Cervix
Due to
Other conditions (Include pregnancy within 3 months of death) 48
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)
(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)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 3606 Gravois Ave Date signed 1-10-48

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 Gahrke

Licensed Embalmer No.....3917

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.