No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6469

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1331

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution CITY INFIRMARY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-8-44/2-7-48 (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County

(c) City or town CITY ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 ARSENAL ST.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CONRAD HEIL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) - 14 (Day) 1856 (Year)

8. AGE: Years 91 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation CARPENTER

11. Industry or business

FATHER
12. Name JOHN HEIL
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? HEIL
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant CITY INFIRMARY RECORDS
(b) Address 5800 ARSENAL ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Portland Mortuary Service
(b) Address 4104 Manchester

19. (a) 2-9-1948 (Date received by local registrar) (b) J. F. Bruecek (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 2 day 7 year 1948 hour 1 ; minute 15 A.M.

21. I hereby certify that I attended the deceased from 1-1, 1947 to 2-7, 1948 that I last saw him alive on 2-7, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardiac failure

Due to senility

Due to

Other conditions (Include pregnancy within 3 months of death) None

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)

While at work? Means of injury

23. Signature M. D. Sherman (M. D. or other)

Address 5600 Arsenal Date signed 2-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

1331

## 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 Gerald O Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.