

No. 2
12-45
17-39
X47070

114188

FILED APR 30 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3855**

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:
Bethesda General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo. 6 days.
(Specify whether 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. 5945a Wabada Avenue. 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Barbara Heininger.

3. (b) If veteran, name war None 3. (c) Social Security No. 488-03-1788

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis Heininger. 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased January 1, 1880.
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>68</u> | <u>3</u> | <u>21</u> | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Max Mantler.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Hauch.
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Sullivan.

(b) Address 4815a Margaretta Avenue.

17. (a) Burial (b) Date thereof 4-24-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) APR 23 1948 (Date received local registrar) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd.
A year 1948 hour 8 minute A.M. M.

21. I hereby certify that I attended the deceased from Aug 20 1948 to Apr 22 1948.
I last saw her alive on Apr. 21 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Stomach Duration several months.

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
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?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature J. F. Bradock (M. D. or other) M.D.
Address 4000 Olive Date signed 4-23-48

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

Dr. John W. Henderlite.
Lister Bldg.
Hours 9 to 12 noon 4 to 6 P.M.
Telephone Forest 3800

MAY 1 1957

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 Clarence M. Neuf

Licensed Embalmer No. 3732

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.