FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

20954

State File No. 5853

Registration District No. 318 Primary Registration District No. 1008 Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Infirmary Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6/29/45 To 6/28/48 (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County none

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

(d) Street No. 5800 Arsenal St. 9
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 13

If yes, name country

3. (a) PRINT FULL NAME MARIE HELLER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 2 (Day) 1875 (Year)

8. AGE: Years 73 Months 4 Days 26 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Christ Miller
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Anna Marie Frey
15. Birthplace (City, town, or county) Germany 4 (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 7/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 South Broadway St. Louis, Mo.

19. (a) JUL 10 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1948 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from May 1, 1948, to June 28, 1948 that I last saw her alive on June 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	1 yr?
Due to Generalized Arteriosclerosis	
Due to	
Other conditions Right Hemiplegia (Include pregnancy within 3 months of death)	3 yrs.

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Masao Ohmoto M.D. (M. D. or other)
Address 5800 Arsenal Date signed 6/29/48

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.