

National Office of Vital Statistics
FILED OCT 21 1948

Registration District No. **1948**

Primary Registration District No. **5778a**

1. PLACE OF DEATH:
 (a) County **Miller**
 (b) City or town **St. Elizabeth, Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **all life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** County **Miller**
 (b) City or town **St. Elizabeth**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Wilhelmena Heimann**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **October** day **4** year **1948** hour **5:30** minute **A.** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Joseph Heimann**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **April 29 1863**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Myocarditis** **Chronic**
 Duration _____

8. AGE: Years **85** Months **5** Days **5** If less than one day _____ br. _____ min.

9. Birthplace **Hesperia Mo. 11**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER FATHER
 11. Industry or business _____
 12. Name **John Reizen**
 13. Birthplace **Germany 4**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Angelina Meyer**
 15. Birthplace **Germany 7**
 (City, town, or county) (State or foreign country)

16. (a) Informant **John Heimann**
 (b) Address **St. Elizabeth, Mo**
 17. (a) **Burial** (b) Date thereof **10-6-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Elizabeth, Mo**
Evank Adams
 18. (a) Signature of funeral director _____
 (b) Address **Spring, Mo**

19. (a) **Oct 5, 1948** (b) **John A. Schweitman**
 (Date received local registrar) (Registrar's signature)
 Address **Jessamine, Mo** Date signed **10-4-48**

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 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? _____ (e) Means of injury _____
 23. Signator **J. E. Humphrey** (M. D. or other) **2**
Carover D.O.
 Address **Jessamine, Mo** Date signed **10-4-48**

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-20-44

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 Ervin L. Adams

Licensed Embalmer No. 4207

P. O. Address Shirley Ma

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.