

10-47
-17-39
I 3906

FILED OCT 23 1948 318

State File No. _____
Registrar's No. 8296

Registration District No. _____ Primary Registration District No. 100's _____

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:
Josephine HEITKAMP
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 DAYS
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 030 17
 (c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")
 (d) Street No. 2354 VIRGINIA 0
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3: (a) PRINT FULL NAME HARRIETT WELSH
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 21
 year 1948 hour 1 minute 30 A.M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband Joseph 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased OCT. 26 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 1948 to Sept 21 1948
 that I last saw her alive on Sept 21 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary occlusion Duration _____

8. AGE: Years 73 Months 10 Days 25 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace KANSAS 1
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSEWIFE
 11. Industry or business _____
 12. Name JOSEPH STAMPER
 13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)
 14. Maiden name JANE VALLETTE
 15. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant JOSEPH B. WELSH
 (b) Address 2354 VIRGINIA
 17. (a) BURIAL (b) Date thereof SEPT 24, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation OAK WOOD CEM. ALTON, ILL.
 18. (a) Signature of funeral director Thos. Kutis & Son
 (b) Address 2906 GRAVOIS
 19. (a) SEP 22 1948 (b) J. F. Medest
(Date received local registrar) (Registrar's signature)

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 P. Berglund (M. D. or other) _____
 Address 2203 S. Blvd Date signed 9-22-48

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

JUN 12 1951

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 Norman C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Davis

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.