

FILED NOV 19 1948 **318**

Primary Registration District No. **1003**

Registrar's No. **9656**

**1. PLACE OF DEATH:**  
(a) County St. Louis Mo.  
(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: City Hospital several weeks  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since birth (Specify whether years, months or days) 0

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2315a Benton Str.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Miss Emma Heitbrink  
**3. (b) If veteran,** X X X X **3. (c) Social Security No.** \_\_\_\_\_  
name war \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Nov. day 5th  
year 1948 hour 5:05 minute \_\_\_\_\_ P. M.  
**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.

**4. Sex** female **5. Color or race** white **6. (a) Single, widowed, married, divorced, single** single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** October 18 1886  
(Month) (Day) (Year)

**Immediate cause of death** Pulmonary Embolism;  
**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Other conditions:** \_\_\_\_\_  
(Include pregnancy, within 3 months of death)  
**Major findings:** \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**8. AGE:** Years Months Days If less than one day  
62 0 17. hr. \_\_\_\_\_ min.

**9. Birthplace** St. Louis Mo.  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** seamstress.

**11. Industry or business** \_\_\_\_\_  
**12. Name** ----- Dietrich.  
**13. Birthplace** St. Louis Mo.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Johanna Hilker  
**15. Birthplace** St. Louis Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Louise Koerner  
**(b) Address** Foley Mo.  
**17. (a) Burial** New Picker Cemetery  
(Burial, cremation, or removal) (b) Date thereof Nov. 8, 1948  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** \_\_\_\_\_

**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) (e) Means of injury 3  
**23. Signature** [Signature] (M. D. or other)  
Address [Signature] Date signed 11/16/48

**18. (a) Signature of funeral director** Leidner Und Co.  
**(b) Address** 2223 St. Louis Ave  
**19. (a) NOV 6 1948** (b) J. B. Lasater  
(Date received local registrar) (Registrar's signature)

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

MOTHER, FATHER

**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

*John P. Buchholz*

Licensed Embalmer No.....

*11674*

P. O. Address

*2223 St. Louis Ave*

**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.**