

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2778
102

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE No. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 24-3330a Iowa Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) D. c. (Last) Heisner			4. DATE OF DEATH (Month) (Day) (Year) 1 5 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Separated	
8. DATE OF BIRTH Aug. 31, 1883		9. AGE (In years last birthday) 65		10. UNDER 1 YEAR 4 10. UNDER 1 HR. 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			11. BIRTHPLACE (State or foreign country) Quincy, Ill.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Louis Doerr		13b. MOTHER'S MAIDEN NAME Josephine Bloemke		14. NAME OF HUSBAND OR WIFE Alfred	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Gladys Callahan 3330a Iowa Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degenerative heart disease (atherosclerosis) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 6 hrs
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 16, 1948, to Jan 4, 1949, that I last saw the deceased alive on Dec 30, 1948, and that death occurred at 2:15A m., from the causes and on the date stated above.

23a. SIGNATURE Bernard Wittmann J.M.P.		23b. ADDRESS 3701 Shandel St. St. Louis		23c. DATE SIGNED 1-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-7-49		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.	
24d. LOCATION (City, town, or county) St. Louis		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 5 1949 J.B. Rosater					

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

3701
Brewster St.

Ham

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edwin A. M. Bennett

Licensed Embalmer No.

3024

P. O. Address

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.