

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23896

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MERAMEC</u>	c. LENGTH OF STAY (In this place) <u>30</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGH RIDGE Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OWN HOME 1</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL MERAMEC TOWNSHIP</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) _____ c. (Last) <u>HELLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 24-1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>JULY 14-1888</u>
9. AGE (In years, last birthday) <u>66</u>		10. MONTHS <u>0</u>	11. DAYS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWN HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>CEDAR HILL - Mo</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>BERHARDT FICKEN</u>	
13b. MOTHER'S MAIDEN NAME <u>EMMA MEYER</u>		14. NAME OF HUSBAND OR WIFE <u>AUG. HELLER (DEC)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Heller</u>		ADDRESS <u>High Ridge</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Stroke</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Insufficiency</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		19d. <u>2 years</u>	
19e. <u>2</u>		19f. <u>1/2</u>	
19g. <u>1/2</u>		19h. <u>1/2</u>	
19i. <u>1/2</u>		19j. <u>1/2</u>	
19k. <u>1/2</u>		19l. <u>1/2</u>	
19m. <u>1/2</u>		19n. <u>1/2</u>	
19o. <u>1/2</u>		19p. <u>1/2</u>	
19q. <u>1/2</u>		19r. <u>1/2</u>	
19s. <u>1/2</u>		19t. <u>1/2</u>	
19u. <u>1/2</u>		19v. <u>1/2</u>	
19w. <u>1/2</u>		19x. <u>1/2</u>	
19y. <u>1/2</u>		19z. <u>1/2</u>	
19aa. <u>1/2</u>		19ab. <u>1/2</u>	
19ac. <u>1/2</u>		19ad. <u>1/2</u>	
19ae. <u>1/2</u>		19af. <u>1/2</u>	
19ag. <u>1/2</u>		19ah. <u>1/2</u>	
19ai. <u>1/2</u>		19aj. <u>1/2</u>	
19ak. <u>1/2</u>		19al. <u>1/2</u>	
19am. <u>1/2</u>		19an. <u>1/2</u>	
19ao. <u>1/2</u>		19ap. <u>1/2</u>	
19aq. <u>1/2</u>		19ar. <u>1/2</u>	
19as. <u>1/2</u>		19at. <u>1/2</u>	
19au. <u>1/2</u>		19av. <u>1/2</u>	
19aw. <u>1/2</u>		19ax. <u>1/2</u>	
19ay. <u>1/2</u>		19az. <u>1/2</u>	
19ba. <u>1/2</u>		19bb. <u>1/2</u>	
19bc. <u>1/2</u>		19bd. <u>1/2</u>	
19be. <u>1/2</u>		19bf. <u>1/2</u>	
19bg. <u>1/2</u>		19bh. <u>1/2</u>	
19bi. <u>1/2</u>		19bj. <u>1/2</u>	
19bk. <u>1/2</u>		19bl. <u>1/2</u>	
19bm. <u>1/2</u>		19bn. <u>1/2</u>	
19bo. <u>1/2</u>		19bp. <u>1/2</u>	
19bq. <u>1/2</u>		19br. <u>1/2</u>	
19bs. <u>1/2</u>		19bt. <u>1/2</u>	
19bu. <u>1/2</u>		19bv. <u>1/2</u>	
19bw. <u>1/2</u>		19bx. <u>1/2</u>	
19by. <u>1/2</u>		19bz. <u>1/2</u>	
19ca. <u>1/2</u>		19cb. <u>1/2</u>	
19cc. <u>1/2</u>		19cd. <u>1/2</u>	
19ce. <u>1/2</u>		19cf. <u>1/2</u>	
19cg. <u>1/2</u>		19ch. <u>1/2</u>	
19ci. <u>1/2</u>		19cj. <u>1/2</u>	
19ck. <u>1/2</u>		19cl. <u>1/2</u>	
19cm. <u>1/2</u>		19cn. <u>1/2</u>	
19co. <u>1/2</u>		19cp. <u>1/2</u>	
19cq. <u>1/2</u>		19cr. <u>1/2</u>	
19cs. <u>1/2</u>		19ct. <u>1/2</u>	
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19cy. <u>1/2</u>		19cz. <u>1/2</u>	
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19dc. <u>1/2</u>		19dd. <u>1/2</u>	
19de. <u>1/2</u>		19df. <u>1/2</u>	
19dg. <u>1/2</u>		19dh. <u>1/2</u>	
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19dk. <u>1/2</u>		19dl. <u>1/2</u>	
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19hm. <u>1/2</u>		19hn. <u>1/2</u>	
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19hq. <u>1/2</u>		19hr. <u>1/2</u>	
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19is. <u>1/2</u>		19it. <u>1/2</u>	
19iu. <u>1/2</u>		19iv. <u>1/2</u>	
19iw. <u>1/2</u>		19ix. <u>1/2</u>	
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19je. <u>1/2</u>		19jf. <u>1/2</u>	
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19ji. <u>1/2</u>		19jj. <u>1/2</u>	
19jk. <u>1/2</u>		19jl. <u>1/2</u>	
19jm. <u>1/2</u>		19jn. <u>1/2</u>	
19jo. <u>1/2</u>		19jp. <u>1/2</u>	
19jq. <u>1/2</u>		19jr. <u>1/2</u>	
19js. <u>1/2</u>		19jt. <u>1/2</u>	
19ju. <u>1/2</u>		19jv. <u>1/2</u>	
19jw. <u>1/2</u>		19jx. <u>1/2</u>	
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19ka. <u>1/2</u>		19kb. <u>1/2</u>	
19kc. <u>1/2</u>		19kd. <u>1/2</u>	
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19kk. <u>1/2</u>		19kl. <u>1/2</u>	
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19ko. <u>1/2</u>		19kp. <u>1/2</u>	
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19ku. <u>1/2</u>		19kv. <u>1/2</u>	
19kw. <u>1/2</u>		19kx. <u>1/2</u>	
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19lc. <u>1/2</u>		19ld. <u>1/2</u>	
19le. <u>1/2</u>		19lf. <u>1/2</u>	
19lg. <u>1/2</u>		19lh. <u>1/2</u>	
19li. <u>1/2</u>		19lj. <u>1/2</u>	
19lk. <u>1/2</u>		19ll. <u>1/2</u>	
19lm. <u>1/2</u>		19ln. <u>1/2</u>	
19lo. <u>1/2</u>		19lp. <u>1/2</u>	
19lq. <u>1/2</u>		19lr. <u>1/2</u>	
19ls. <u>1/2</u>		19lt. <u>1/2</u>	
19lu. <u>1/2</u>		19lv. <u>1/2</u>	
19lw. <u>1/2</u>		19lx. <u>1/2</u>	
19ly. <u>1/2</u>		19lz. <u>1/2</u>	
19ma. <u>1/2</u>		19mb. <u>1/2</u>	
19mc. <u>1/2</u>		19md. <u>1/2</u>	
19me. <u>1/2</u>		19mf. <u>1/2</u>	
19mg. <u>1/2</u>		19mh. <u>1/2</u>	
19mi. <u>1/2</u>		19mj. <u>1/2</u>	
19mk. <u>1/2</u>		19ml. <u>1/2</u>	
19mm. <u>1/2</u>		19mn. <u>1/2</u>	
19mo. <u>1/2</u>		19mp. <u>1/2</u>	
19mq. <u>1/2</u>		19mr. <u>1/2</u>	
19ms. <u>1/2</u>		19mt. <u>1/2</u>	
19mu. <u>1/2</u>		19mv. <u>1/2</u>	
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19na. <u>1/2</u>		19nb. <u>1/2</u>	
19nc. <u>1/2</u>		19nd. <u>1/2</u>	
19ne. <u>1/2</u>		19nf. <u>1/2</u>	
19ng. <u>1/2</u>		19nh. <u>1/2</u>	
19ni. <u>1/2</u>		19nj. <u>1/2</u>	
19nk. <u>1/2</u>		19nl. <u>1/2</u>	
19nm. <u>1/2</u>		19nn. <u>1/2</u>	
19no. <u>1/2</u>		19np. <u>1/2</u>	
19nq. <u>1/2</u>		19nr. <u>1/2</u>	
19ns. <u>1/2</u>		19nt. <u>1/2</u>	
19nu. <u>1/2</u>		19nv. <u>1/2</u>	
19nw. <u>1/2</u>		19nx. <u>1/2</u>	
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19oa. <u>1/2</u>		19ob. <u>1/2</u>	
19oc. <u>1/2</u>		19od. <u>1/2</u>	
19oe. <u>1/2</u>		19of. <u>1/2</u>	
19og. <u>1/2</u>		19oh. <u>1/2</u>	
19oi. <u>1/2</u>		19oj. <u>1/2</u>	
19ok. <u>1/2</u>		19ol. <u>1/2</u>	
19om. <u>1/2</u>		19on. <u>1/2</u>	
19oo. <u>1/2</u>		19op. <u>1/2</u>	
19oq. <u>1/2</u>		19or. <u>1/2</u>	
19os. <u>1/2</u>		19ot. <u>1/2</u>	
19ou. <u>1/2</u>		19ov. <u>1/2</u>	
19ow. <u>1/2</u>		19ox. <u>1/2</u>	
19oy. <u>1/2</u>		19oz. <u>1/2</u>	
19pa. <u>1/2</u>		19pb. <u>1/2</u>	
19pc. <u>1/2</u>		19pd. <u>1/2</u>	
19pe. <u>1/2</u>		19pf. <u>1/2</u>	
19pg. <u>1/2</u>		19ph. <u>1/2</u>	
19pi. <u>1/2</u>		19pj. <u>1/2</u>	
19pk. <u>1/2</u>		19pl. <u>1/2</u>	
19pm. <u>1/2</u>		19pn. <u>1/2</u>	
19po. <u>1/2</u>		19pp. <u>1/2</u>	
19pq. <u>1/2</u>		19pr. <u>1/2</u>	
19ps. <u>1/2</u>		19pt. <u>1/2</u>	
19pu. <u>1/2</u>		19pv. <u>1/2</u>	
19pw. <u>1/2</u>		19px. <u>1/2</u>	
19py. <u>1/2</u>		19pz. <u>1/2</u>	
19qa. <u>1/2</u>		19qb. <u>1/2</u>	
19qc. <u>1/2</u>		19qd. <u>1/2</u>	
19qe. <u>1/2</u>		19qf. <u>1/2</u>	
19qg. <u>1/2</u>		19qh	

RECEIVED
 DISTRICT HEALTH OFFICER NO. 9
 AUG 1 1919
 DISTRICT FILE NUMBER
 DISTRICT HEALTH OFFICER NO. 9
 AUG 1 1919
 DISTRICT HEALTH OFFICER NO. 9
 AUG 1 1919
 DISTRICT HEALTH OFFICER NO. 9
 AUG 1 1919

RECEIVED
 DISTRICT HEALTH OFFICER NO. 9
 AUG 1 1919
 DISTRICT HEALTH OFFICER NO. 9
 AUG 1 1919
 DISTRICT HEALTH OFFICER NO. 9
 AUG 1 1919
 DISTRICT HEALTH OFFICER NO. 9
 AUG 1 1919

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.

Signed _____

John B. ...

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

470
Horse Springs Me

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.

DISTRICT HEALTH OFFICER NO. 9
 AUG 1 1919
 DISTRICT HEALTH OFFICER NO. 9
 AUG 1 1919
 DISTRICT HEALTH OFFICER NO. 9
 AUG 1 1919