No. 300
10.48

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34805

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 191

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

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE Missouri
b. COUNTY St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles
d. STREET ADDRESS (If rural, give location) 1417 North Second Street

3. NAME OF DECEASED (Type or Print) a. (First) Susie b. (Middle) E. c. (Last) Heppermann

4. DATE OF DEATH (Month) (Day) (Year) October 19 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 20 1886
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home duties
11. BIRTHPLACE (State or foreign country) St. Charles County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Harmin Schamma
13b. MOTHER'S MAIDEN NAME Mary Brown
14. NAME OF HUSBAND OR WIFE Louis Heppermann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. NIL
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Heppermann St. Charles, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis & Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 4201
DUE TO (c) (1) Infarction of lung & Brain 2 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death (2) Gen. arterio sclerosis 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/2/ *,* 1948 *, to* 10/19/ *,* 1949 *, that I last saw the deceased alive on* 10/18/ *,* 1949 *, and that death occurred at* 7:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. J. Bud (U) MD
23b. ADDRESS 126 So Main St. H. Charles, Mo
23c. DATE SIGNED 10/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 22-1949
24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery
24d. LOCATION (City, town, or county) (State) St. Charles, Missouri

DATE REC'D BY LOCAL REG. 10/24-49
REGISTRAR'S SIGNATURE Fannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Dallmeyer & Sons Co 800 N. 2nd--St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 28 1949
District Health Officer No. 5
District File Number.....

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 4189 ..... Student Embalmer No. .....
working under my personal supervision.

Student ..... Student Embalmer

Signed Joseph F Landolt
Licensed Embalmer No. 4189
P. O. Address St Charles Mo

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.