

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18152

State File No. \_\_\_\_\_  
Registrar's No. 4772

FILED JUN 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>4404 Miami St.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Lena</u> b. (Middle) <u>Marie</u> c. (Last) <u>Heimbach</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 21 1951</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>June 3, 1903</u>
<b>9. AGE</b> (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kimmswick, Missouri.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Ben Bauer</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Steckel</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Oscar</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>OSCAR HEIMBACH</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral embolus</u> ANTECEDENT CAUSES DUE TO (b) <u>Thrombus formation</u> DUE TO (c) <u>Hypertensive heart disease</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>18. INTERVAL BETWEEN ONSET AND DEATH</b> <u>30 hours</u> <u>?</u> <u>many years</u> <u>9</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Ht 2X</u>	
<b>22. I hereby certify that I attended the deceased from</b> <u>May 14, 1951</u> , to <u>May 20, 1951</u> , that I last saw the deceased alive on <u>May 20, 1951</u> , and that death occurred at <u>2:20 a</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>Barnett L. Tausig</u>		<b>23b. ADDRESS</b> <u>4500 Olive St.</u>	<b>23c. DATE SIGNED</b> <u>May 21</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>May 23, 1951</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Park Lawn Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>1800 Lemay Ferry Road</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>MAY 22 1951</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. B. Rasster</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>C. Hoffmeister</u>		<b>ADDRESS</b> <u>U. &amp; L. Co. 7814 S. Broadway</u>	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Harry J. Schumaker*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7514 S. Broadway

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.