

STANDARD CERTIFICATE OF DEATH

State File No. 24126

FILED JUL 18 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 229

1. PLACE OF DEATH
a. COUNTY St Francois
b. CITY (If outside corporate limits, write RURAL and give town) Bonne Terre
c. LENGTH OF OR TOWN 2 1/2 weeks
d. FULL NAME OF (If not in hospital or institution, give street address or location) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY Washington
c. CITY (If outside corporate limits, write RURAL and give township) Potosi
d. STREET ADDRESS (If rural, give location) 1100

3. NAME OF DECEASED (Type or Print) a. (First) Stella b. (Middle) c. (Last) Heberer 4. DATE OF DEATH (Month) (Day) (Year) July 11 1951

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify) Divorced 8. DATE OF BIRTH 10-24-1895 9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 8 Days 17 IF UNDER 14 Hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper 10b. KIND OF BUSINESS OR INDUSTRY Office 11. BIRTHPLACE (State or foreign country) Granite City, ILL 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME OTTO Heberer 13b. MOTHER'S MAIDEN NAME Mary Radcliff 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY 344-05-8049 17. INFORMANT'S SIGNATURE OR NAME Mrs Howard Simmons ADDRESS Potosi, 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarction of Coronary Arteries (b) Coronary Arteriosclerosis (c) Due to (a) Coronary Arteriosclerosis (b) Myocardial Infarction (c) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 5 yrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 174X 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 June 1951, to July 11, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 8 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-13-1951 24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery 24d. LOCATION (City, town, or county) (State) Hopewell, Mo

DATE REC'D BY LOCAL REG. July 12, 1951 REGISTRAR'S SIGNATURE Esther Radcliff 25. FUNERAL DIRECTOR'S SIGNATURE Smith-Higginbotham Funeral H. Potosi, Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 14 1951

RECEIVED

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.....

Mary M Smith

Signed.....
Student Embalmer

Licensed Embalmer No. H 394

P. O. Address Potosi, Missouri

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.