

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41115**

FILED NOV 22 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2951

4001

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy</b>	
c. LENGTH OF STAY (in this place) <b>years</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 16, 1952.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7410 Augusta Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>7410 Augusta Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b>		b. (Middle) <b>Jeanette</b>	
c. (Last) <b>Heuser</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 16, 1952.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 5, 1882</b>
9. AGE (In years last birthday) <b>70</b>		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) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Charles D. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Sample</b>	
14. NAME OF HUSBAND OR WIFE <b>Fred. W. Heuser</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Fred. W. Heuser, Normandy, Mo.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphocytic Lymphoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 mos.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>2021</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>Nov. 14</b> , 1952, to <b>Nov. 16</b> , 1952, that I last saw the deceased alive on <b>Nov. 16</b> , 1952, and that death occurred at <b>2:00 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>G. O. Brown M.D.</b>		23b. ADDRESS <b>G. O. Brown, M. D., 1325 South Grand Boulevard</b>	
23c. DATE SIGNED <b>11-17-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/18/52.</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine, Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-17-52</b>		REGISTRAR'S SIGNATURE <b>Heuser</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>White Chapel, Ferguson, Mo.</b>		ADDRESS	

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Reservoir, Cal.

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.