

FILED OCT 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34476

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>2276</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 4783</u>		d. STREET ADDRESS (If rural, give location) <u>708 E. Argonne Dr.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None, 708-E. Argonne Dr.</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>Dorothea</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Heller</u>	a. (Month) <u>Aug.</u>	b. (Day) <u>21</u>	c. (Year) <u>1953</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>7-4-1867</u>	9. AGE (In years last birthday) <u>86</u>	# UNDER 1 YEAR Months <u>1</u>	# UNDER 1 YEAR Days <u>17</u>	# UNDER 24 HRS. Hours <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jacob Eschenbrenner</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ruppel</u>			14. NAME OF HUSBAND OR WIFE <u>John Heller</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Viola Scheuer, 708, E. Argonne, Kirkwd</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bronchitis</u>				DUE TO (b) <u>Arteriosclerotic vascular</u>				<u>3 da</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Disease</u>								<u>chr.</u>
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 <u>4221</u>				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)		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 <u>July 15, 1953</u> , to <u>Aug 21, 1953</u> , that I last saw the deceased alive on <u>Aug 20, 1953</u> , and that death occurred at <u>808 A. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. Webster</u>				23b. ADDRESS <u>Webster Groves Mo</u>		23c. DATE SIGNED <u>8-21-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 23-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John,</u>		24d. LOCATION (City, town, or county) (State) <u>Manchester, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-22-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>				

See Licensed Embalmer's Statement on Reverse Side

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

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 \_\_\_\_\_

*Richard Bopp*

Licensed Embalmer, No. \_\_\_\_\_

*4584*

P. O. Address \_\_\_\_\_

*Ballwin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.