

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 43652

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11607

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.**

c. LENGTH OF STAY (in this place) **19 Days**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Christian Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis,**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **20 3929a North 22nd, Street. 22090**

3. NAME OF DECEASED (Type or Print)
a. (First) **Conrad** b. (Middle) c. (Last) **Heberer,**

4. DATE OF DEATH (Month) (Day) (Year) **12 - 19 - 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Feb. 15, 1888** 9. AGE (In years last birthday) **66** IF UNDER 1 YEAR Months | Days IF UNDER 24 HRS. Hours | Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Inspector** 10b. KIND OF BUSINESS OR INDUSTRY **Carter Cuberator Co.**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri. 0** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **- Heberer** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Mrs. Anna Heberer,**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **Yes W.W.Ist** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs Anna Heberer, 3929a North 22nd Street**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **one day**

ANTECEDENT CAUSES **Arterio-sclerosis** **one year**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Arterio-sclerosis**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS **Pulmonary Edema** **one day**

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **12/14/54** 19b. MAJOR FINDINGS OF OPERATION **Duodenal ulcer** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **none** 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **4201**

22. I hereby certify that I attended the deceased from **Nov 26, 1954, to Dec 19, 1954**, that I last saw the deceased alive on **Dec 19, 1954**, and that death occurred at **3:30 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. Scopelito M.D.** 23b. ADDRESS **3718 N Grand Blvd** 23c. DATE SIGNED **Dec 20, 1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **12-22-1954** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, County, Mo.**

DATE REC'D BY LOCAL REG. **DEC 21 1954** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Math. Hermann & Son Inc. 2161 E. Fair Ave.**

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.....
Signature of Student Embalmer

Signed *Clement M. Neary*.....

Licensed Embalmer No. *373*.....

P. O. Address *St. Louis*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**