

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011733
STATE FILE NUMBER

FILED MAR 19 1958

Registration District No. _____

318

Primary Registration District No.

1003

Registrar's No.

2593

300
-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital		d. STREET ADDRESS (If outside, give location) 2267⁸ 2935 N. 14th Street	
Length of stay in 1b 6 days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Edna Middle Marian Last Heberer			4. DATE OF DEATH Month March Day 3 Year 1958		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 12, 1910	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator	10b. KIND OF BUSINESS OR INDUSTRY Killark Elec Co	11. BIRTHPLACE (City and state or country) Nashville, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Hawkins	13b. MOTHER'S MAIDEN NAME Anna Lund	14. NAME OF HUSBAND OR WIFE John L. Heberer
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. unknown	17. INFORMANT John L. Heberer, 2935 N. 14th Street
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18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Tuberculosis DUE TO (b) Pulmonary Edema DUE TO (c) Anesthesia		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholecystectomy		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at Faith Hospital for March 3rd		20c. TIME OF INJURY Hour 1030 a.m. Month 3 Day 3 Year 58
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at Faith Hospital	20f. CITY, TOWN, OR LOCATION St. Louis Mo	COUNTY Mo	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1030 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James M. Kelly, Deputy Registrar	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 3-4-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE March 7 1958	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) Nashville, Illinois
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24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair	25. DATE RECD. BY LOCAL REG. MAR 4 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, m.d.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 McNeary*

Licensed Embalmer No. *3732*

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.