219

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

I X19511

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34135

Registration District No. REC'D NOV 13 1939 791

Primary Registration District No.

Registrar's No. 8673

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town LeMay WR
(If outside city or town limits, write "RURAL")

(d) Street No. 231 Lemay Ferry Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Katie Heimann 550

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January 27, 1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Marissa (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Phillip Fix
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Kinzel
15. Birthplace Marissa (City, town, or county) Ill. (State or foreign country)

16. (a) Informant's own signature Charles Heimann
(b) Address 231 Le May Ferry Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/39 (Month) (Day) (Year)
(c) Place: burial or cremation Marissa, Ill.

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) OCT 11 1939 (Date received local registrar) (b) J. F. Bachrach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8, year 1939 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from September 29, 1939, to October 8, 1939; that I last saw her alive on October 8, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion incident to a Psychosis (Schizophrenia)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature P. Liebman (M. D. or other) DuD

Address 1515 Lafayette, Date signed 10/9/39

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Florenz Eymck.....

Licensed Embalmer No.....1284.....

P. O. Address.....St Louis Mo.....

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, above space should be left blank.