

Registration District No. 791

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
4136a Blaine Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Mary A. Carr3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife William H. Carr 6. (c) Age of husband or wife if alive 72 years7. Birth date of deceased May 7th 1866  
(Month) (Day) (Year)8. AGE: Years 73 Months 8 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Geo. C. Heilweck13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Catherine Klein  
(City, town, or county) (State or foreign country)15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature William H. Carr(b) Address 4136a Blaine Ave.17. (a) Burial (b) Date thereof 1-31-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Kriegshauser Mortuaries(b) Address 4228 So. Kingshighway19. (a) JAN 30 1940 (b) J. F. Buddeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4136a Blaine Ave.  
(If rural, give location)

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th  
year 1940 hour 8:45 minute P.M. M.21. I hereby certify that I attended the deceased from July 7  
1937 to Jan. 28 1940.that I last saw her alive on Jan 27 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial Failure Duration 3 daysDue to Chronic myocarditis 2 yearsDue to Chronic hepatitis 2 years  
General PerilicityOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: none PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Harry J. Heilweck (M. D. \_\_\_\_\_)Address 37500 Gravois Date signed 1/30/40

Mr Heidenreich  
3750 Kauai Fr 2133  
2-3-19-8

**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 *Eduard M. Kernatt*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**