

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis Mo

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL")

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

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ernest Otto Heim

3. (b) If veteran, name war.

3. (c) Social Security No. 488-16-9325

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife mae 6. (c) Age of husband or wife if alive 18 years (Day) (Year)

7. Birth date of deceased March 18 - 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>0</u>	<u>2</u>	hr. min.

9. Birthplace Milwaukee Wis
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business

12. Name Max Heim

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Helein

15. Birthplace German
(City, town, or county) (State or foreign country)

16. (a) Informant Betty Heim
(b) Address 5220 1/2 Page

17. (a) Cremation (b) Date thereof 3-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Howard H. Rowland
(b) Address 4355 Washington

19. (a) MAR 20 1945 J. J. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 5220 1/2 Page
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1945 hour 6 minute 35 A.-M.

21. I hereby certify that I attended the deceased from March 18, 1945, to March 20, 1945 that I last saw him alive on March 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lung, acute

Due to Hypertensive Cardio-vascular renal disease

Due to 550

Other conditions Ca of thyroid
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature JR Bradley (M. D. or other)
Address Barnes Hospital Date signed 3-20-45

WRITE PLAINLY—USE 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.....

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

..... working under my personal supervision.

Signed *Howard J. Rawland*

Licensed Embalmer No. *3114*

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, fact should be so stated above.