

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MISSOURI Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 days (Specify whether
In this community, 10 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(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 _____

3. (a) PRINT FULL NAME Mae Heim

3. (b) If veteran, name war No 3. (c) Social Security No. 486-22-1861

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

(b) Name of husband or wife Ernest O. Heim 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased. May 20 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace California Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Wegener

12. Name Carl Wegener

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

14. Maiden name Carolina Knitker

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

16. (a) Informant Ernest O Heim

(b) Address 5220 1/2 Page

17. (a) Burial (b) Date thereof 9-16-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Mo

18. (a) Signature of funeral director Jack Bolin

(b) Address California, Mo

19. (a) SEP 15 1942 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 10, 1942
10 to Sept. 13 1942.
that I last saw her alive on Sept. 10 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration 1 yr.

Due to _____
Due to _____

Other conditions Metastases of carcinoma to
(Include pregnancy within 3 months of death) Liver

Major findings: Of operations _____

Of autopsy _____

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 Raymond Williams (M. D. or other) _____
Address 114 North T. y. l. c., St. Louis Date signed Sept. 14, 1942

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

MOTHER FATHER

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 H. Rowland

Licensed Embalmer No.

3114

P. O. Address

Othman, 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.