

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10183**
Registrar's No. **2467**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 5805 Potomac St.			
3. NAME OF DECEASED (Type or Print) a. (First) ALEXANDER b. (Middle) _____ c. (Last) HEBERER			4. DATE OF DEATH (Month) (Day) (Year) March 14 1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Oct. 9, 1882		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months _____ Days _____			
11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY? _____		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of U.S. Post Office (Retired) St. Louis, Mo.			
13a. FATHER'S NAME Otto Heberer		13b. MOTHER'S MAIDEN NAME Margaret Faith		14. NAME OF HUSBAND OR WIFE Laura Heberer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish-American		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Laura Heberer ADDRESS 5805 Potomac St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor pulmonale ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertrophic emphysema DUE TO (c) Bronchial asthma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 10 yrs 44 yrs		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 241X			
22. I hereby certify that I attended the deceased from Oct 4 , 19 46 , to Mar. 14 , 19 51 , that I last saw the deceased alive on Mar 14 , 19 51 , and that death occurred at 7:00 P m., from the causes and on the date stated above.							
23a. SIGNATURE Barnett Tausig (Degree or title) MD.		23b. ADDRESS 4500 Olive St		23c. DATE SIGNED Mar. 15			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 17, 1951		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.					
DATE REC'D BY LOCAL REG. MAR 15 1951		REGISTRAR'S SIGNATURE J B Lasater					

(Licensed Embalmer's Statement on Reverse Side)

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