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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23069

State File No.

6680

ED JUL 31 1955 18

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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:  
6719 Wise 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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6719 Wise Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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3. (a) PRINT FULL NAME William Heim

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Anna M Heim 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May 22nd, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 2 1 hr. min.

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

10. Usual occupation Retired

11. Industry or business Insurance Agent

MOTHER FATHER

12. Name Unknown  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph Noell

(b) Address 6719 Wise Ave

17. (a) Burial (b) Date thereof 7/26/53  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6635 Clayton Road

19. (a) JUL 21 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd  
year 1953 hour 7:15 minute \_\_\_\_\_ A M.

21. I hereby certify that I attended the deceased from Aug 1 - July 23, 1953  
that I last saw him alive on 7-22-53  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Other conditions Hypertension  
(Include pregnancy within 6 months of death)  
Prostatic Enlargement

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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?

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

23. Signature J. S. Shuk (M. D. or other) \_\_\_\_\_  
Address 2512 S. Kingshighway Date signed 7-23-53

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

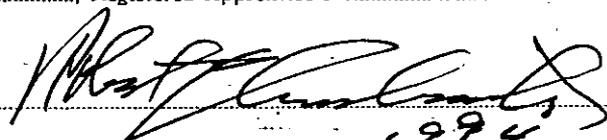
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No..... 1994

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, fact should be so stated above.**