

FILED AUG 23 1948
318

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Registration District No. 318

Primary Registration District No.

State File No. 27798

Registrar's No. 2171

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res: 4475 West Pine Blv'd.
(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)

3. (a) PRINT FULL NAME GRACE ROBERTS HEIDEMAN.

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 18, 1887.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61. 5. 25. hr. min.

9. Birthplace Eureka, Springs, Arkansas.
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Secretary.

11. Industry or business Aetna Insurance Co.,

12. Name Lee G. Roberts. 13. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Winn. 15. Birthplace Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude H. Grayson.

(b) Address 4475 West Pine Blv'd.,

17. (a) Interment. (b) Date thereof 8/16/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Blv'd.

19. (a) AUG 16 1948 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County cos
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. #4475 West Pine Blv'd.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1948 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept 4,
1948. 12 48 - Aug 12,
that I last saw h. alive on August 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
thrombosis Duration 30 min.

Due to Coronary occlusion
at heart 2 yrs.
Due to Atherosclerosis

Other conditions.....
(Include pregnancy within 3 months of death)

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 Almond Maller (M. D. or other)
Address 819 University Club Bldg. Date signed 8-16-48

4171

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 Ronald W. Schoene

Licensed Embalmer No. 3864

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.