

STANDARD CERTIFICATE OF DEATH

State File No.

27800
7159

FILED AUG 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
St. Louis City Hospital- Max C. Starkloff
 (If not in hospital or institution, write street number or location)
Memorial
 (d) Length of stay: In hospital or institution.....
 (Specify whether

In this community.....
 years, months or days)

3. (a) PRINT
 FULL NAME..... Mildred Heine

3. (b) If veteran,

3. (c) Social Security No.

name war.

4. Sex..... FE | 5. Color or race..... W | 6. (a) ~~Single, widowed, married,~~
~~divorced,~~ M |
 6. (b) Name of husband or wife..... GEORGE HEINE | 6. (c) Age of husband or wife if
alive..... years
 7. Birth date of deceased..... MAY 22 1911
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

37 2 22 hr. min.

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

10. Usual occupation..... HOUSEKEEPER11. Industry or business..... OWN12. Name..... WILLIS GULON 013. Birthplace..... MO 014. Maiden name..... MYRTLE L. EATERS15. Birthplace..... ILLINOIS 1

(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. George Heine(b) Address..... 2612 Caroline St.17. (a) BURIAL (b) Date thereof..... Aug 16-48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Resurrection Cam.18. (a) Signature of funeral director..... E. J. Schuur(b) Address..... 3125 Lafayette Ave19. (a) AUG 15 1948 (b) J. B. Bredebeck

(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... Mo (b) County..... 000
 (c) City or town..... ST. LOUIS 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 22 2612 Caroline St. 9
 (If rural, give location) 0
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August day..... 13th
 year..... 1948 hour..... 4 minute..... 35 P. M.

21. I hereby certify that I attended the deceased from..... 8-2-48
 to..... 8-13-48, 19.....

that I last saw him..... er alive on..... 8-13-48, 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Uremia sub acute

Due to..... Bacterial Endocarditis

Due to..... Rheumatic Heart disease

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

Major findings:
 Of operations..... 95

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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... Joseph J. Mendenhall M.D.

Address..... 1515 Lafayette Avenue Date signed..... 8-14-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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.....

Jose B. Hallmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette St*

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.