

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31083**  
Registrar's No. **8370**

FILED OCT 9 1948

Registration District No. **318** Primary Registration District No. **100's**

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Lukes Hospital 17  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis **96**

(c) City or town Overland **12**  
(If outside city or town limits, write "RURAL")

(d) Street No. 9203 Meadow Brook Lane **1**  
(If rural, give location)

n R.

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** RAYMOND A. HEIST

3. (b) If veteran, name war none

3. (c) Social Security No. unknown

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Myrtle F. Heist

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 30 1877  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation retired - division manager

11. Industry or business City Ice & Fuel Company

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Myrtle F. Heist

(b) Address 9203 Meadow Brook Lane, Overland

17. (a) burial (b) Date thereof 9-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

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

(b) Address 7233 Delmar Bly'd., University City

19. (a) SEP 21 1948 (b) J. F. Brodeur  
(Date received local registrar's certificate) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 23rd  
year 1948 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept 20 to Sept 23 1948  
that I last saw alive on Sept 23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure, 15 days  
Hypertensive arteriosclerosis  
cardiovascular disease **15 days**

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

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

Other conditions Bradypnea's 5 days  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations \_\_\_\_\_

Of autopsy yes

22. If death was due to external causes, fill in the following: no

(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) (i) Means of injury

23. Signature Brad W. Clark (M. D. or other) **h 10**

Address 8641 Hazelton Blvd Date signed 9-24-48

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

6671

1-5  
Dr. Fred W. Clark  
864, Hamilton Avenue  
CA-2354

**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 Arnold 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.**