

No. 300
10-47
5-17-39
PI 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
#92640
FILED JAN 11 1949

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41512
Registrar's No. 10994

Registration District No. 318

Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 1730 Franklin Ave., Memorial 25
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME WILLIAM HEISLEN
3. (b) If veteran, name war
3. (c) Social Security No. 487-24-6 0675

4. Sex male, race white
5. Color or 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 6th 1885 (Month) (Day) (Year)

8. AGE: Years 63, Months 10, Days 12, If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Colonial Apts.

12. Name Eugene Heislen

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Henrietta Clarkson

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Donald Ludwig

(b) Address St. Louis, Mo.

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Burial 12/21/48

18. (a) Signature of funeral director Sullivan Funeral Dir.

(b) Address 2849 No. Euclid Ave.

19. (a) DEC 20 1948 (b) J. B. Sauter (Registrar's signature)

(Date received local registrar)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 18th year 1948 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12/13/48 to Dec. 18th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung, left.
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy Carcinoma of left lung
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)
(c) Means of injury
23. Signature J. B. Sauter (M. D. or other) 1515 Lafayette Date signed 12/20/48

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

MOTHER FATHER

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 *Robert L. Brunkman*

Licensed Embalmer No. *3553*

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.