

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6264**
Registrar's No. **1542**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6264		Registrar's No. 1542						
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) a. STATE MISSOURI b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		d. STREET ADDRESS (If rural, give location) 2846 A LAFAYETTE									
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital			e. LENGTH OF STAY (In this place) 4 days											
3. NAME OF DECEASED (Type or Print) a. (First) Mable			b. (Middle) Mary		c. (Last) Heilemann		4. DATE OF DEATH (Month) (Day) (Year) February 16, 1949							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 24, 1886		9. AGE (In years last birthday) 62						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.						
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Charles A. Heilemann								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME George Heilemann, 9055 Ladue				ADDRESS _____					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH				
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Coma</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Biliary Cirrhosis</p> <p>DUE TO (c) Bleeding esophageal varices</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. Xanthomatous</p>					1-1-49					48 hrs.				
					12 yrs.					7 week				
					12 years.									
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____										
22. I hereby certify that I attended the deceased from Feb. 12, 1949 , to Feb. 16, 1949 , that I last saw the deceased alive on Feb. 16, 1949 , and that death occurred at 3:25P m. , from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) George L. Heilemann Sr. (I)					23b. ADDRESS Barnes Hosp. St. Louis Mo.			23c. DATE SIGNED 16 Feb 49.						
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE -2-18-49		24c. NAME OF CEMETERY OR CREMATORY St. Peters		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.								
DATE REC'D BY LOCAL REG. FEB 17 1949		REGISTRAR'S SIGNATURE J. B. Fasater			25. FUNERAL DIRECTOR'S SIGNATURE Fred M. Williams, 4535 Washington Blvd					ADDRESS _____				

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elmer R. Cadwell

Licensed Embalmer No. 4077

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.