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FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25655

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4465 Registrar's No. 1538

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ROCK HILL VILLAGE</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GLENDALE</b>	d. STREET ADDRESS (If rural, give location) <b>748 EDWIN AVE</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ROCK HILL REST HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>PAULINE</b> b. (Middle) <b>WILHELMINA</b> c. (Last) <b>HEISE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-27-49</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>IV</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>3-21-1865</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 1 YEAR Days <b>6</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 24 HRS. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>BROOKLYN N.Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>HENRY DEIKH</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>HENRY HEISE</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Richard N. Heise 748 Edwin Glendale Mo</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>central embolism</b>		DUE TO (b) <b>chronic myocarditis</b>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>4222</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 1, 1947**, to **Jun 27, 1949**, that I last saw the deceased alive on **June 27, 1949**, and that death occurred at **6** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. T. Werhlin M.D.</b>		23b. ADDRESS <b>U 3507 Palomar</b>	23c. DATE SIGNED <b>6-28-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-29-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST MARCUS</b>	24d. LOCATION (City, town, or county) (State) <b>ST LOUIS CO 23 Mo</b>
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DATE REC'D BY LOCAL REG. <b>6-29-49</b>	REGISTRAR'S SIGNATURE <b>Harold K. Donly MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MITTELBERG FUNI HOME Webster Grove</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edward H. Remelius

Licensed Embalmer No. 4283

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.