

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21607**
5298

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **5471 Robin Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
d. STREET ADDRESS (If rural, give location) **5471 Robin Ave.**

3. NAME OF DECEASED
a. (First) **Lillie** b. (Middle) **Dell** c. (Last) **Heisler**

4. DATE OF DEATH (Month) (Day) (Year)
June 15, 1950

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widow**

8. DATE OF BIRTH **July 25, 1882**

9. AGE (In years last birthday) **67**

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) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Wm. McDaniel**

13b. MOTHER'S MAIDEN NAME **unknown**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mr. Leslie M. Heisler 5471 Robin Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary infarct**
ANTECEDENT CAUSES
Marble conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Spondylarthrocace (Dorsal)**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **012.0**

22. I hereby certify that I attended the deceased from **June 12, 1950**, to **June 15, 1950**, that I last saw the deceased alive on **June 15, 1950**, and that death occurred at **11:10p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Wm. A. Higgins**

23b. ADDRESS **8201 N Broadway, St. Louis**

23c. DATE SIGNED **6/16/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **6-19-50**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **231 16 1950** REGISTRAR'S SIGNATURE **J. B. Blaster**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Math Hermann & Son, Inc. 2161 E. Fair Ave.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Homer W. Dintz

Licensed Embalmer No. 3882

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.