

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24850

State File No. _____

6103

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> <u>4356</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>7393 Trenton Ave.</u> | |

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|--|-------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CELIA</u> | b. (Middle) | c. (Last) <u>HEISEL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1950</u> |
|--|-------------|----------------------------|---|

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|-------------------------|----------------------------------|--|---|--|------------|----------|-----------|----------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Aug. 3, 1874</u> | 9. AGE (In years last birthday) <u>75</u> | 10. MONTHS | 11. DAYS | 12. HOURS | 13. MIN. |
|-------------------------|----------------------------------|--|---|--|------------|----------|-----------|----------|

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|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>Illinois</u> |
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| 13a. FATHER'S NAME <u>William Izatt</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Mathews</u> | 14. NAME OF HUSBAND OR WIFE <u>Late William Heisel</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NO.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>George Heisel</u> | ADDRESS <u>7393 Trenton-Univ. City</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Aplastic Anemia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Secondary Anemia</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>291X</u> |
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22. I hereby certify that I attended the deceased from 7-8 1950, to 7-14 27 19, that I last saw the deceased alive on 7-14 50, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

| | | | |
|---|-------------------|--------------------------------------|------------------------------------|
| 23a. SIGNATURE <u>C. J. Heisel, M.D.</u> | (Degree or title) | 23b. ADDRESS <u>1927 E. Union</u> | 23c. DATE SIGNED <u>7-14-50</u> |
|---|-------------------|--------------------------------------|------------------------------------|

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|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 24b. DATE <u>7-17-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Chapel of Men</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>JUL 15 1950</u> | REGISTRAR'S SIGNATURE <u>J. R. Laster</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> | ADDRESS <u>4228 S. Kingshighway Bl.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Recorded - 7-29-50

1927 E. Johnson 10-12

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

Edwin A. M. Dermott

Signed.....
Student Embalmer

Licensed Embalmer No. 3024

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.