

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25632

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6676 Registrar's No. 1715

1. PLACE OF DEATH a. COUNTY StLouis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY StLouis	
b. CITY (If outside corporate limits, write RURAL and give town) Lemay		c. CITY (If outside corporate limits, write RURAL and give township) Lemay	
c. LENGTH OF STAY (In this place) _____		87 OR TOWN Lemay 487.0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pauly Ave		d. STREET ADDRESS (If rural, give location) 1001 Pauly Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Christ	b. (Middle) _____	c. (Last) Heiberger	4. DATE OF DEATH (Month) (Day) (Year) 7-14 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, Never married	8. DATE OF BIRTH 5-22-1874	9. AGE (In years) (Month) (Day) (Year) (Hours) (Min.) 76
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St Louis Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Jacob Heiberger	13b. MOTHER'S MAIDEN NAME Annie Kessler	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Kate Wagner ADDRESS 8401 Alaska.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cause unknown		INTERVAL BETWEEN ONSET AND DEATH 7955
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <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) _____
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert J. Douke (Registrar of Vital Statistics)	23b. ADDRESS 651 South Brentwood Boulevard	23c. DATE SIGNED 7/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-17-1950	24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran	24d. LOCATION (City, town, or county) (State) StLouis Co Mo
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DATE REC'D BY LOCAL REG. 7-15-50	REGISTRAR'S SIGNATURE Herbert J. Douke	25. FUNERAL DIRECTOR'S SIGNATURE Jos P Fendler Jr ADDRESS 7128 Michigan
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 30-5148

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 Ronald O Yahake

Licensed Embalmer No. 3917

P. O. Address St Louis

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.