

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34899
8267

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2064	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5577 1/2 N. HEBERT ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE'PAUL HOSPITAL.		A. STREET ADDRESS (If rural, give location) 5577 A. HEBERT ST.	
3. NAME OF DECEASED (Type or Print) a. (First) EUGENE b. (Middle) ANDREW c. (Last) HEIMES		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 30TH 50.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH JUNE 1ST 1910
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CARRIER	9b. KIND OF BUSINESS OR INDUSTRY U.S. POSTOFFICE	11. BIRTHPLACE (State or foreign country) BAY MO. NADE COUNTY U.S.A.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN G HEIMES	
13b. MOTHER'S MAIDEN NAME AMANDA GRUFFNER		14. NAME OF HUSBAND OR WIFE MARY HEIMES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES - 5-43-43		16. SOCIAL SECURITY NO. 5-43-43	
17. INFORMANT'S SIGNATURE OR NAME Mary Heimess		ADDRESS 5577 1/2 Hebert St.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anaphylactic shock. Conclusion traced by left foot, suffered when stepped on a rusty nail in a blacksmith shop at Hannock Ill DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS an Sept 30 1950 shock time unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident 812	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ship	
21c. (CITY, TOWN, OR TOWNSHIP) Hannock Ill		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 30 50 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 69136			
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 10:35 P.M., from the causes and on the date stated above. 41			
23a. SIGNATURE _____		23b. ADDRESS 1302 Clair	
23c. DATE SIGNED 7/1/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 4TH 1950	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) ST. LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. OCT 1 1950		REGISTRAR'S SIGNATURE J.B. Insler	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Brockland Ind. Co. 1827 Hogan Rd.	

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

W. H. H. H.

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

working under my personal supervision.

Student Embalmer No.

Signed W. H. H. H.

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address. St. Charles, 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.