No. 300
10.48

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

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38613

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9423

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
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) Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 2249
STREET ADDRESS (If rural, give location) 2319 Cherokee 0

3. NAME OF DECEASED (Type or Print)
a. (First) Lillian
b. (Middle)
c. (Last) Heun

4. DATE OF DEATH (Month) (Day) (Year) 11-4-50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-22-1897
9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
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) Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Carl Knigge
13b. MOTHER'S MAIDEN NAME Ida Grieseker
14. NAME OF HUSBAND OR WIFE Joseph Heun
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Joe Heun **ADDRESS** 2319 Cherokee

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary infarction due to embolism — INTERVAL BETWEEN ONSET AND DEATH 1 wk?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac insufficiency, severe — 4 wks
DUE TO (c) Hypertensive cardiovascular disease — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ventral hernia. Congestion of liver, kidney + lower extremities — 4 wks

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 44 3X

22. *I hereby certify that I attended the deceased from* 10-27-50, 19__, *to* 11-4-50, 19__, *that I last saw the deceased alive on* 11-4-50, 19__, *and that death occurred at* 8:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE M. C. Goehausen M.D. (Degree or title)
23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) 0
24b. DATE 11-7-50
24c. NAME OF CEMETERY OR CREMATORY NEWPICKER
24d. LOCATION (City, town, or county) (State) ST LOUIS

DATE REC'D BY LOCAL REG. NOV 6 1950
REGISTRAR'S SIGNATURE J. B. Fasater
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher **ADDRESS** 3013 Meram

(Licensed Embalmer's Statement on Reverse Side)

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 Jack Haupt

Signed.....
Student Embalmer

Licensed Embalmer No. 4746

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.