

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42357**
Registrar's No. **9885**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis**
c. LENGTH OF STAY (in this place) **3 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Christian Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY **St. Louis**
c. CITY (If outside corporate limits, write RURAL and give township) **Pagedale**
d. STREET ADDRESS (If rural, give location) **1508 Nixon Ave.**

3. NAME OF DECEASED
a. (First) **John** b. (Middle) **P.** c. (Last) **Heller**
4. DATE OF DEATH (Month) (Day) (Year) **Nov. 19. 1950**

5. SEX **Male** **6. COLOR OR RACE** **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Jan 28 1875** **9. AGE** (In years last birthday) **75**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Sheet Metal Worker**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **St. Louis, Mo.**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Michael Heller** **13b. MOTHER'S MAIDEN NAME** **Unknown**
14. NAME OF HUSBAND OR WIFE **Josephine E. Heller**

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. **496-20-8489**
17. INFORMANT'S SIGNATURE OR NAME **A. Josephine E. Heller** **ADDRESS** **1508 Nixon**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **cardiac compensation**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
b. ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) **Arteriosclerosis**
DUE TO (c) **Chronic Interstitial Nephritis**
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? **572X**

22. I hereby certify that I attended the deceased from **11-22**, 19**50**, to **11-19**, 19**50**, that I last saw the deceased alive on **11-19**, 19**50**, and that death occurred at **10:20 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **W. A. Stock** (Degree or title) _____ **23b. ADDRESS** **608 King Island**
23c. DATE SIGNED **11-20-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **Nov. 22. 1950**
24c. NAME OF CEMETERY OR CREMATORY **New Pickers Cem.** **24d. LOCATION** (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **NOV 21 1950** **REGISTRAR'S SIGNATURE** _____ **25. FUNERAL DIRECTOR'S SIGNATURE** **W. A. Stock** **ADDRESS** **2117 E. Grand.**

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.....
Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.