

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6203

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1826

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 800 Loughborough		d. STREET ADDRESS (If rural, give location) 800 Loughborough	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Charles Carl H. Hiegelheim			b. (Month) Feb. 22, 1951		
c. (Last)			c. (Day) (Year)		
5. SEX Male $\eta$	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed $\eta$	8. DATE OF BIRTH Feb. 1, 1885	9. AGE (In years last birthday) 66	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. $\delta$		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Charles Hiegelheim	13b. MOTHER'S MAIDEN NAME Ann Hartwig	14. NAME OF HUSBAND OR WIFE Nellie Hiegelheim
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Carl Hiegelheim
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS 800 Loughborough

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis (1st attk)		DUE TO (b) Cardiovascular disease		2/19/51
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		2/28/51
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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? 4201

22. I hereby certify that I attended the deceased from Feb. 19 1951, to Feb. 23, 28 51, that I last saw the deceased alive on Feb. 23 29 51 and that death occurred at 10p. m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Peters	(Degree or title) M.D. $\delta$	23b. ADDRESS 4145 a. S. Grand Blvd.	23c. DATE SIGNED 2/23/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial $\eta$	24b. DATE 2-26-51	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. FEB 24 1951	REGISTRAR'S SIGNATURE J. H. ...	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	ADDRESS 6322 S. Grand Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

*mil*

*Dr. A. W. Peters*  
*Grand & Main*  
*2:15 PM.*

**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 \_\_\_\_\_

*Saint Van Fossan*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *6327 Do 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.

*A. W. Peters, M.D.*

4145A SOUTH GRAND BOULEVARD  
SAINT LOUIS 18, MISSOURI

March 21, 1951

#182

19

6203/51

Bureau of Vital Statistics  
City of Saint Louis

Dear Sirs:-

In reference to the death certificate  
of Charles Carl H. Hiegelheim, 800 Loughborough  
Avenue, Saint Louis, Missouri.

It was incorrectly stated that I attend-  
ed the deceased from Feb. 19 to Feb. 23, 1951 and  
that the last time I attended him was February 23rd.  
Will you kindly change the record as follows:  
Dates of attendance - Feb. 19 to 22, 1951. Last time  
above Feb. 22, 1951.

Thanking you for this courtesy, I am

Sincerely,



A. W. PETERS, M.D.

1951

S-6203