

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28923

State File No. ....

FILED AUG 30 1951

|  |                               |   |   |  |   |  |  |
|--|-------------------------------|---|---|--|---|--|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>317</u>   |   | PRIMARY REG. DIST. NO. <u>3063</u>   |   | Registrar's No. <u>2956</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St Louis</u> <u>4002</u>   |                               |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission).<br>a. STATE <u>Mo</u><br>b. COUNTY <u>St Louis</u> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>  |                               | c. LENGTH OF STAY (In this place) <u>2 hrs</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Afton</u> <u>4800</u>                                      |   |  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Louis County Hospital</u>   |                               |   |   | d. STREET ADDRESS (If rural, give location) <u>5820 Staley</u> <u>1</u>  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Ella</u><br>b. (Middle) _____<br>c. (Last) <u>Heine</u>  |                               |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Aug 19, 1951</u> |  |   |  |  |
| 5. SEX <u>female</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>   | 8. DATE OF BIRTH <u>May 29, 1878</u>                            | 9. AGE (In years last birthday) <u>73</u>  | IF UNDER 1 YEAR Months _____ Days _____                                   | IF UNDER 4 HRS. Hours _____ Min _____                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____   |   | 11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Mo.</u> <u>0</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                  |  |
| 13a. FATHER'S NAME <u>William Charles Thoele</u>   |                               |   | 13b. MOTHER'S MAIDEN NAME <u>Hunze</u>                          |  | 14. NAME OF HUSBAND OR WIFE <u>August Heine</u>                           |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |                               | 16. SOCIAL SECURITY NO. <u>none</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>August Heine 5820 Staley</u>  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>ASND</u><br>DUE TO (c) <u>Diabetes melitus 260X</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION _____  |   |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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? _____   |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>8-19</u> , 19 <u>51</u> , to <u>8-19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-19</u> , 19 <u>51</u> , and that death occurred at <u>11:30</u> p.m., from the causes and on the date stated above. |                               |   |   |  |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>Herman C. Ross M.D.</u>  |                               |   |   | 23b. ADDRESS <u>601 S. Brentwood, Clayton</u>  |   | 23c. DATE SIGNED _____   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>8/22/51</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>    |  | 24d. LOCATION (City, town, or county) (State) <u>St Louis County, Mo.</u> |  |  |
| DATE REC'D BY LOCAL REG. <u>8-21-51</u>  |                               | REGISTRAR'S SIGNATURE <u>Robert P. Tomke M.D.</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegenhein &amp; Sons 7027 Gravois</u>   |   |  |  |

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Nevelle B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Charois*

**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.