

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32029

State File No. ....

FILED SEP 22 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3119

1002  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>5 wks.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2879</u>	
		d. STREET ADDRESS (If rural, give location) <u>4912 Farlin Ave.</u>	
3. NAME OF DECEASED a. (First) <u>August</u> b. (Middle) _____ c. (Last) <u>Heymann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 24, 1881</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u>	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Adolph Heymann</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Deutschmann</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Heymann</u> ADDRESS <u>5748 McPherson</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign Prostatic Hypertrophy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>610X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive Heart Failure</u>	
19a. DATE OF OPERATION <u>Aug 27</u>	19b. MAJOR FINDINGS OF OPERATION <u>Obstructing Prostate - T.U.P.</u>	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? _____	
22. I hereby certify that I attended the deceased from <u>8-20</u> , 19 <u>51</u> to <u>9-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-20</u> , 19 <u>51</u> , and that death occurred at <u>3:05 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. J. Peterson M.D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood</u>	23c. DATE SIGNED <u>9-9-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-11-51</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Tomke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. A. Howard, 1619 So. Grand Blvd.</u>	



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**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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis 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.