No. 300
10-48

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

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35152

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8418

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) 4715 MACKLIND

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2149
d. STREET ADDRESS (If rural, give location) 4715 MACKLIND

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES b. (Middle) F. c. (Last) HIESTAND

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 21 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE

8. DATE OF BIRTH DEC. 6 1914

9. AGE (In years last birthday) 36 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) CHIROPRATOR

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo

12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME CHARLES HIESTAND

13b. MOTHER'S MAIDEN NAME LILLIE CORL

14. NAME OF HUSBAND OR WIFE

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 LILLIE HIESTAND **ADDRESS** 4715 MACKLIND

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) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Coronary Occlusion

DUE TO (c) Coronary Sclerosis

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4701

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2:00 P. m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title)

23b. ADDRESS 1300 [illegible]

23c. DATE SIGNED 9/24/51

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

24b. DATE SEPT. 24 1951

24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY

24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo

DATE REC'D BY LOCAL REG. SEP 24 1951

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis **ADDRESS** 2906 Gravois

MJB (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 Leo J. Budd

Signed.....
Student Embalmer

Licensed Embalmer No. 3[illegible]

P. O. Address [illegible]

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

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