

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43018

State File No.

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 11280
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION DeSoto Hotel		d. STREET ADDRESS (If rural, give location) 3203 Russell Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) A. c. (Last) HEYWARD		4. DATE OF DEATH (Month) (Day) (Year) Dec. 18 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Feb. 28, 1892		9. AGE (In years last birthday) 59 If under 1 year: Months _____ Days _____ If under 6 mos.: Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of Nat'l. Retail Farm Equip		10b. KIND OF BUSINESS OR INDUSTRY Retail Farm Equip		11. BIRTHPLACE (State or foreign country) Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Samuel Heyward		
13b. MOTHER'S MAIDEN NAME Emma Pitt		14. NAME OF HUSBAND OR WIFE Late Pauline L. Heyward		
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. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS William Heyward 1425 Salem Hills Dr. Rock Hill, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		
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) Dec 17 1951 10:45 A		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? H201		22. I hereby certify that I attended the deceased from Dec. 11, 1948 to Dec. 18, 1951 , that I last saw the deceased alive on Dec. 17, 1951 , and that death occurred at 10:45 A. , from the causes and on the date stated above.		
23a. SIGNATURE Bernard T. Koon		23b. ADDRESS 4755 Montclair Road, St. Louis 16, Mo.		23c. DATE SIGNED 12/19/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Kriegshauser 4228 S. Kingshighway Bl.		

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

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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 _____
working under my personal supervision. Student Embalmer No.

Signed.....
Student Embalmer

Signed William P. White

Licensed Embalmer No. 4291

P. O. Address 4228 De Koenigshaven

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.