S. No. 300
EV. 10.48

FILED SEP 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29564

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7891

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (In this place) 10 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5308 THOLOZAN AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY — 2149
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 5308 THOLOZAN AVE

3. NAME OF DECEASED (Type or Print)
a. (First) MINNIE
b. (Middle) E.
c. (Last) HEESS

4. DATE OF DEATH (Month) AUG (Day) 19 (Year) 1952

5. SEX F
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH SEPT. 17, 1861
9. AGE (In years last birthday) 90
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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) NAPERVILLE ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME JACOB EHRHARDT
13b. MOTHER'S MAIDEN NAME KATHERINE STURM
14. NAME OF HUSBAND OR WIFE REV. E. G. HEESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME REV. E.G. HEESS
ADDRESS 5308 THOLOZAN AVE

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) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer.

INTERVAL BETWEEN ONSET AND 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?

4201

22: *I hereby certify that I attended the deceased from* Nov. 9, 1948, *to* Aug. 19, 1952, *that I last saw the deceased alive on* Aug. 14, 1952, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23a. SIGNATURE H. F. Bergman
(Degree or title) MDO
23b. ADDRESS 3220 Washington
23c. DATE SIGNED 8/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL VIA
24b. DATE 8-20-52
24c. NAME OF CEMETERY OR CREMATORY NAPERVILLE CEMETERY
24d. LOCATION (City, town, or county) NAPERVILLE (State) ILL.

DATE REC'D BY LOCAL REG. AUG 20 1952
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG FUNERAL HOME
ADDRESS 73 W. LOCKWOOD AVE WEB. GRO. MO.
MJB (Licensed Embalmer's Statement on Reverse Side)

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 Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Guy W Wilkinson

Signed.....
Student Embalmer

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.