

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 13 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9935

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 7 Years		d. STREET ADDRESS (If rural, give location) 24 2017 Miami St	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital			
3. NAME OF DECEASED (Type or Print) Laverne		4. DATE OF DEATH (Month) (Day) (Year) 10-26-1952	
a. (First)		b. (Middle) Margaret	
c. (Last) Heibel		9. AGE (In years last birthday) 7 Years	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 5-3-1945	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Child		10b. KIND OF BUSINESS OR INDUSTRY ****	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Reginald Heibel		13b. MOTHER'S MAIDEN NAME Florence Garst	
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) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Reginald Heibel	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polio myelitis, Cerebral Palsy 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.		ADDRESS 2017 Miami St	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 080.0		22. I hereby certify that I attended the deceased from 10/24, 1952, to 10/26, 1952, that I last saw the deceased alive on 10/26, 1952, and that death occurred at 12:55 P.M., from the causes and on the date stated above.	
23a. SIGNATURE C. Heibel		23b. ADDRESS 3209 S. ...	
23c. DATE SIGNED 10/27/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10-30-1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) 10160 Gravois Ave Mo		25. FUNERAL DIRECTOR'S SIGNATURE C. Smith	
DATE REC'D BY LOCAL REG. OCT 29 1952		ADDRESS 6409 Gravois	

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

Dr. Lydle or Dr. Egge
11-7388

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.....
Student Embalmer

Signed Elton H. Remelues

Licensed Embalmer No. 4283

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.