

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 6723

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 <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NORMANDY</u>		c. LENGTH OF STAY (In this place) <u>10 YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>74 GREENDALE DR.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NORMANDY</u> <u>4181</u>	
3. NAME OF DECEASED a. (First) <u>KARL</u> (Type or Print)		b. (Middle) _____	
c. (Last) <u>HEIM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN, 23, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4/11/1875-1876</u>
9. AGE (In years) (By birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED Superint. hatpacking BUSINESS</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u> <u>4</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MATHILDA HEIM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS MATHILDA HEIM</u>		ADDRESS <u>74 GREENDALE DR.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>241 does not mean the mode of dying, such as asphyxiation, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Trauma from gangrene 1 w/1 foot - diabetes mellitus years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____	
19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</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) <u>260X</u>	
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>May 1951</u> , to <u>1/23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/23</u> , 19 <u>53</u> and that death occurred at <u>940P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Charles H. Harris</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>5298 e Page</u>	
23c. DATE SIGNED <u>1/24/53</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>1/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARKLAWN CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO.</u>		DATE REC'D BY LOCAL REG. <u>1-26-53</u>	
REGISTRAR'S SIGNATURE <u>Herbert R. Donohue</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</u>	

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

*Handwritten notes:*  
J. V. 298  
R. 11-12  
FEB 2 5 1953  
FEB 2 6 1953

7 2 21 22 23 24 25 26 27

**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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert Mayfield  
Licensed Embalmer No. 3077

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 4300  
Local Registrar's No. 283

State of MISSOURI  
CITY OF ST. LOUIS, ss.  
County of ST. LOUIS

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17 day of FEB, 1952, before me appears PATRICK E. CLIFFORD  
PRES. OF STROOT - CARROLL UND. CO., who, upon HIS oath, states that the original record of death  
for KARL HEIM <sup>died</sup> JAN, 23, 1953, 19    , in the State of  
Missouri, and which was filed at CLAYTON MO. on JAN, 23, 1953 should be corrected as follows:

Item No. 8 should read APRIL 11, 1876  
Instead of APRIL 11, 1875

Item No.      should read WE THE UNDERTAKING CO FIGURED THE YEAR OF BIRTH WRONG  
Instead of     

Item No.      should read       
Instead of     

The above is true to the best of my knowledge, information and belief.  
(SEAL) Affiant Patrick E Clifford FUNERAL DIRECTOR  
Relationship     

4600 NATURAL BRIDGE AVE  
Present Address.  
ST. LOUIS MISSOURI

Subscribed and sworn to before me this 17 day of FEB, 1953.  
My Commission expires May 23 - 1954 John E Clifford Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

