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FILED JAN 26 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 4408

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 7

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

**1. PLACE OF DEATH**
a. COUNTY Ste. Genevieve
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ste. Genevieve
c. LENGTH OF STAY (in this place) Coyrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 508 Austin St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Ste. Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ste. Genevieve 0951
d. STREET ADDRESS (If rural, give location) 508 Austin St. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First) Henry
b. (Middle)
c. (Last) Heil

**4. DATE OF DEATH** (Month) Jan. (Day) 18 (Year) 1953

**5. SEX** Male 0
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed 2
**8. DATE OF BIRTH** July 11, 1886
**9. AGE** (In years last birthday) 66 — 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) Laborer
**10b. KIND OF BUSINESS OR INDUSTRY** Mississippi Lime Co.
**11. BIRTHPLACE** (State or foreign country) Ste. Genevieve, Missouri ✓
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** John Heil
**13b. MOTHER'S MAIDEN NAME** Caroline Meyer
**14. NAME OF HUSBAND OR WIFE** Bertha Roth

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
**16. SOCIAL SECURITY NO.** 494-07-8178
**17. INFORMANT'S SIGNATURE OR NAME** Donald Heil — ADDRESS Ste. Genevieve, Missouri

**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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1/18/53.

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

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4201

**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?**

22. *I hereby certify that I attended the deceased from* Dec 11, 1952, *to* Jan. 18, 1953, *that I last saw the deceased alive on* Jan. 17, 1953, *and that death occurred at* 12:10 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** R. C. Lanning M.D. (Degree or title)
**23b. ADDRESS** Ste. Genevieve Mo.
**23c. DATE SIGNED** 1/19/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Jan. 21, 1953
**24c. NAME OF CEMETERY OR CREMATORY** Calvary Cemetery
**24d. LOCATION** (City, town, or county) Ste. Genevieve (State) Missouri

**DATE REC'D BY LOCAL REG.** Jan 20, 1953
**REGISTRAR'S SIGNATURE** Lucille Basler Reg. 471-0
**25. FUNERAL DIRECTOR'S SIGNATURE** Jerome H. Scarlo — ADDRESS Ste Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1953

## 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 Jerome H Scanlan

Licensed Embalmer No. 3817

P. O. Address Ste Genevieve Mo

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

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