

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11702

FILED MAR 24 1953

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **2322**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>28 YRS</b>		<b>2139</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>13 5400 Arsenal St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JACOB</b> b. (Middle) c. (Last) <b>HEUN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 28, 1953.</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 23, 1884</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b>5</b> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foundry Worker Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>American Car &amp; Foundry</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jacob Heun Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Reutemann</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dora Heun</b>	ADDRESS <b>2005 Arsenal St.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>
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22. I hereby certify that I attended the deceased from **Jan. 1, 1953**, to **Feb. 28, 1953**, that I last saw the deceased alive on **Feb. 28, 1953**, and that death occurred at **2:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. H. Wallace (M.D.)</b>	23b. ADDRESS <b>5100 Arsenal St.</b>	23c. DATE SIGNED <b>2/28/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/8/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>
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DATE REC'D BY LOCAL REG. <b>MAR 2 1953</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons</b>	ADDRESS <b>2630 Gravois Ave.</b>
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Generalized Atherosclerosis  
Atherosclerotic heart disease  
10 yrs

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 .....

Signed Robert F. Gebken

Student Embalmer

Feb. 58

12  
808:5

Emb. I

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.