

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22876

FILED JUN 20 1953

State File No. _____
Registrar's No. 5528

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5528	
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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4148 Folsom avenue				e. STREET ADDRESS (If rural, give location) 4148 Folsom ave. 21890			
3. NAME OF DECEASED (Type or Print) Harry		a. (First)		b. (Middle) Heil		c. (Last)	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 10-8-1887	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____		4. DATE OF DEATH (Month) (Day) (Year) 6-1-53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) instrument maker		10b. KIND OF BUSINESS OR INDUSTRY factory		11. BIRTHPLACE (City and State or Foreign Country) Kearney, Neb.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Conrad Heil		13b. MOTHER'S MAIDEN NAME Catherine Gunther		14. NAME OF HUSBAND OR WIFE Elizabeth Heil			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 488-10-0002		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Heil, 4148 Folsom 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>diagnosis of brain</i> 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.				INTERVAL BETWEEN ONSET AND DEATH _____	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5810					
22. I hereby certify that I attended the deceased from 4:30, 1953 to 6:11, 1953 that I last saw the deceased alive on 5/29, 1953 and that death occurred at 3:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE M. E. Shivers (Degree or title) _____		23b. ADDRESS 4329 Brunckley		23c. DATE SIGNED 6/2/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-3-53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. JUN 3 1953		REGISTRAR'S SIGNATURE J. Carl Smith MO mgs		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland-Aker, 4104 Manchester			

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 Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

J. Allen Davis
468

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.