

THE DIVISION OF HEALTH, OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26469

FILED JUL 31 1953

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6512

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
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	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers		d. STREET ADDRESS (If rural, give location) 3652 Robert Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Erwin b. (Middle) A. c. (Last) Heipertz		4. DATE OF DEATH (Month) (Day) (Year) 6-29-1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-19-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pay Roll Clerk		10b. KIND OF BUSINESS OR INDUSTRY R. W. Express Co	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bernard Heipertz		13b. MOTHER'S MAIDEN NAME Augusta Reed	
14. NAME OF HUSBAND OR WIFE Emma M. Heipertz		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.		17. INFORMANT'S SIGNATURE OR NAME Emma M. Heipertz	
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) Ac. Cardiac Collapse ANTECEDENT CAUSES DUE TO (b) Coronary Infarct DUE TO (c) Carcinoma of Colon-Hepatic Flexure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Low Blood Pressure	
19a. DATE OF OPERATION Dec 1952		19b. MAJOR FINDINGS OF OPERATION Carcinoma Colon	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH about 3 wks 1 yr.	
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? 153X	
22. I hereby certify that I attended the deceased from Dec 25, 1952 , to June 29, 1953 , that I last saw the deceased alive on Jan 25, 1953 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. Leo P. Young		23b. ADDRESS H.O. 2621 S. Jefferson	
23c. DATE SIGNED 6/30/53		24. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-1-1953	24c. LOCATION (City, town, or county)	24d. (State) Mo
24e. DATE REC'D BY LOCAL REG. JUN 30 1953	24f. REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Diegenheim Bros	
25. ADDRESS 6409 Gravoia Ave		26. (Licensed Embalmer's Statement on Reverse Side)	

Dr. Young 2621 S. Jefferson 10 till 12 2 till 4 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Van M. Seymour

Signed.....
Student Embalmer.

Licensed Embalmer No. *4343*

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.