

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1953

State File No. **33393**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9490**

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 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) St. Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4245 Utah St. | | e. STREET ADDRESS (If rural, give location) 16 4245 Utah St. 2169 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Dora | | b. (Middle) | |
| c. (Last) Heun | | 4. DATE OF DEATH (Month) (Day) (Year) October 2, 1953 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH October 16, 1888 |
| 9. AGE (In years last birthday) 64 | | IF UNDER 1 YEAR Months 11 Days 14 | IF UNDER 24 HRS. Hours 14 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady | | 10b. KIND OF BUSINESS OR INDUSTRY Dry Goods | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Joseph Heun | |
| 13b. MOTHER'S MAIDEN NAME Francis Jung | | 14. NAME OF HUSBAND OR WIFE | |
| 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. 488-07-0245 | |
| 17. INFORMANT'S SIGNATURE OR NAME Ella Heun | | ADDRESS 4245 Utah St. | |
| 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) Carcinoma of colon 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 1 year | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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 Aug 19, 1952 , to 10-2, 1953 , that I last saw the deceased alive on 10-2, 1953 , and that death occurred at 2 P. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE John Deut Red | | 23b. ADDRESS 2840 California | |
| 23c. DATE SIGNED 10-3-53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 10/5/53 | | 24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons Und. Co. | |
| 25. ADDRESS 2630 Gravoisave. | | DATE REC'D BY LOCAL REG. OCT 5 1953 | |
| REGISTRAR'S SIGNATURE Carl Smith MD | | 25. ADDRESS | |

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..... *Robert T. Gebbers*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.