

**STANDARD CERTIFICATE OF DEATH**

State File No. **34628**

FILED OCT 2 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 5410 Registrar's No. 2328

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>St. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton - rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton - rural</b>	
c. LENGTH OF STAY (in this place) <b>13 YRS</b>		4. DATE OF DEATH <b>August 30, 1953</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>11 Georgian Acres</b>		d. STREET ADDRESS (If rural, give location) <b>11 Georgian Acres</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>GEORGE</b>	b. (Middle) <b>L.</b>	c. (Last) <b>HEIL Sr.</b>	(Month) <b>August</b>	(Day) <b>30</b>	(Year) <b>1953</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 31, 1877</b>		
<b>10a. USUAL OCCUPATION</b> <b>Director's Chairman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Heil Packing Co.</b>	<b>9. AGE</b> <b>76</b>	<b>11. BIRTHPLACE</b> <b>St. Louis Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Charles P. Heil</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rose Riegel</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Gertrude Grabenschroer Heil</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>488-03-5931</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Gertrude Heil, 11 Georgian Acres</b>

<b>18. CAUSE OF DEATH</b>		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive degenerative myocarditis</b>		<b>Since 1937</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		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.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b>
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** March 27, 1933, to Aug. 29, 1953, that I last saw the deceased alive on Aug. 28, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>F.R. Franzen</i>	<b>23b. ADDRESS</b> <b>539 No. Grand Blvd.</b>	<b>23c. DATE SIGNED</b> <b>8/31/53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>Sept. 1, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>
		<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis Missouri</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>8/31/53</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Herbert B. Smith, M.D.</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>J. Robert L. &amp; U. Co.</i>	<b>ADDRESS</b> <b>1905 S. Grand Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1955

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 \_\_\_\_\_

*Ronald O Yakuba*

Licensed Embalmer No. *3917*

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.