No. 300
10.48

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

FILED DEC 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40585

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11191

1. PLACE OF DEATH
a. COUNTY: 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 13 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Lane Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2109
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 0
e. STREET ADDRESS (If rural, give location): 3531a Delor St.

3. NAME OF DECEASED (Type or Print)
a. (First): Albertine
b. (Middle): Heinemann
c. (Last): Heinemann

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1953

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: Nov. 2, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookbinder
10b. KIND OF BUSINESS OR INDUSTRY: Von Hoffman Printing
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Albert Heinemann
13b. MOTHER'S MAIDEN NAME: Mary Blittschace
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Dorothy Schubert, 3531a Delor

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas and liver.

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 [ ] NO [XXX]
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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: 157 X

22. *I hereby certify that I attended the deceased from* Oct. 26, 1953, *to* Nov. 25, 1953, *that I last saw the deceased alive on* Nov. 25, 1953, *and that death occurred at* 4:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. 0
23b. ADDRESS: 4930 Lindell Blvd. St. Louis, Mo.
23c. DATE SIGNED: 11-25-53
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri
DATE REC'D BY LOCAL REG.: NOV 25 1953
REGISTRAR'S SIGNATURE: Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. Hofmeister Colonial Mortuary, 6464 Chippewa St. St. Louis 9, Mo.

MJB

(Licensed Embalmer's Statement on Reverse Side)

Frank Smith

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7714 S. Broadw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.