

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5822**
Registrar's No. **35**

FILLED MAR 10 1954

BIRTH NO. _____		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Peters, <i>Rural</i>		c. LENGTH OF STAY (In this place) 5 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Peters, <i>Rural</i>		d. STREET ADDRESS (If rural, give location) 0920 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print) a. (First) Sally b. (Middle) Louise c. (Last) Heintzelman			4. DATE OF DEATH (Month) (Day) (Year) Febr. 27, 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 6, 1950		9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 4 Days 21	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Cyril Heintzelman		13b. MOTHER'S MAIDEN NAME Lillian Conoyer		14. NAME OF HUSBAND OR WIFE none			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cyril Heintzelman, St. Peters, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute toxicemia secondary ANTECEDENT CAUSES DUE TO (b) Overwhelming infection DUE TO (c) Specific etiology undetermined. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Underlying chronic pathology, possibly blood dyscrasia.					INTERVAL BETWEEN ONSET AND DEATH 5 days Undet. Undet.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 299X						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?					
22. I hereby certify that I attended the deceased from Feb. 23, 1954 , to Feb. 27, 1954 , that I last saw the deceased alive on Feb. 25, 1954 , and that death occurred at 5:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L.R. McIntire, M.D.			23b. ADDRESS St. Charles, Mo.			23c. DATE SIGNED Mar. 1, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 1, 1954	24c. NAME OF CEMETERY OR CREMATORY All Saints		24d. LOCATION (City, town, or county) (State) St. Peters, Mo.		
DATE REC'D BY LOCAL REG. March 1 - 54		REGISTRAR'S SIGNATURE E. A. Kitchey		25. FUNERAL DIRECTOR'S SIGNATURE Bo. Stiefater		ADDRESS St. Peters, Mo.	

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
Student Embalmer

Signed *E. Kerthly*

Licensed Embalmer No. 877

P. O. Address Waller 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.