

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 20621
Registrar's No. 4785

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4785			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>2209</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place) <u>MD</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ENROUTE CITY HOSPITAL - 24 3914 S. BROADWAY</u>				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>M.</u> c. (Last) <u>HEIMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28 1954</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 13 1903</u>			
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR: MONTHS _____ DAYS _____		IF UNDER 1 YEAR: HOURS _____ MIN. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE MAN MEDART CO.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>MISSOURI</u>			
13a. FATHER'S NAME <u>WILLIAM HEIMAN</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA MOORE</u>		14. NAME OF HUSBAND OR WIFE <u>NELLIE HEIMAN</u>				
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NELLIE HEIMAN 3914 S. BROADWAY</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arterio Sclerosis</u> DUE TO (c) <u>Ch. Myo conditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 Min</u> <u>unknown</u> <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR? <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>2-9, 1953</u> to <u>5-15, 1954</u> , that I last saw the deceased alive on <u>May 19, 1954</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. R. Quinn M.D.</u>				23b. ADDRESS <u>02327 S Broadway</u>		23c. DATE SIGNED <u>6-4-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 1 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>			
DATE REC'D BY LOCAL REG. <u>MAY 29 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Beavria</u>					

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 *Leo J. Budde*.....
Licensed Embalmer No. *398*
P. O. Address *St. Louis*

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.