

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31878**  
Registrar's No. **8320**

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>31878</b>		Registrar's No. <b>8320</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place) <b>50 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>24 1937 Chippewa St. 22490</b>							
3. NAME OF DECEASED (Type or Print) <b>MAUDE</b>			a. (First) _____		b. (Middle) <b>P.</b>		c. (Last) <b>HEUGELE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 8, 1954</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Apr. 23, 1904</b>		9. AGE (In years last birthday) <b>50</b>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Asst</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Public Utility</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Fred Dinkelmann</b>			13b. MOTHER'S MAIDEN NAME <b>Ann Nickels</b>			14. NAME OF HUSBAND OR WIFE <b>Thomas J. Heugele, Sr.</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>no 490-20-6715</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thomas J. Heugele, Sr. 1937 Chippewa St.</b>						
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Gasping</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 <input type="checkbox"/> NO <input 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? <b>334X</b>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11 P. m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Arthur E. Taylor</b>				23b. ADDRESS <b>1300 Elmira</b>				23c. DATE SIGNED <b>9/23-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Sept. 11, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>SEP 10 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F.H.Inc., 1936 St. Louis Ave.</b>						

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 \_\_\_\_\_

Licensed Embalmer No. 4570

P. O. Address \_\_\_\_\_

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.