

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35447

State File No.
Registrar's No. 9441

FILED OCT 26 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		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 3861 DeTonty St.		STREET ADDRESS (If rural, give location) 17 3861 DeTonty St.		2179		
3. NAME OF DECEASED (Type or Print) ELIZABETH			a. (First)	b. (Middle)	c. (Last) HEIB	
4. DATE OF DEATH		(Month)	(Day)	(Year)		
5. SEX Female		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 1, 1876		
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 2 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Henry W. Teague		13b. MOTHER'S MAIDEN NAME Mary E. Halter		
14. NAME OF HUSBAND OR WIFE Late Michael F. Heib		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.		
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS May Charlton 4702 Arsenal St.				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		PULMONARY EMBOLISM				10 MIN
ANTECEDENT CAUSES		DUE TO (b) THROMBO-PHLEBITIS, BOTH LEGS				10 YRS
DUE TO (c) HYPERTENSION						5 YRS
II. OTHER SIGNIFICANT CONDITIONS		ARTERIOSCLEROSIS, GENERALIZED ANGINA PECTORIS				5 YRS 3 DAYS
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)		
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"/>		21f. HOW DID INJURY OCCUR? 463X		
22. I hereby certify that I attended the deceased from Oct 14, 1954, to Oct 16, 1954, that I last saw the deceased alive on Oct 16, 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.						
23a. SIGNATURE Robert C. Hall		(Degree or title) M.D.		23b. ADDRESS 3902 LAFAYETTE St. Louis, Mo.		
23c. DATE SIGNED Oct 18, 1954						
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 19, 1954	24c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mol.		
DATE REC'D BY LOCAL REG. OCT 18 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.		

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. 453.....

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.