

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38822**
Registrar's No. **10058**

BIRTH NO. _____ 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 Missouri 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"/>
c. LENGTH OF STAY (If this place) 1 day		e. STREET ADDRESS (If rural, give location) 2610 Union Boulevard	
d. FULL NAME OF HOSPITAL OR INSTITUTION: De Paul Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) William c. (Last) Heizer			4. DATE OF DEATH (Month) (Day) (Year) 11 - 4 - 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2 - 17 - 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Days IF UNDER 10 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY M.K.&T.R.R.	11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Samuel Heizer	13b. MOTHER'S MAIDEN NAME Martha Campfield	14. NAME OF HUSBAND OR WIFE Emma Heizer
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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. 494-26-6216	17. INFORMANT'S SIGNATURE OR NAME Mrs. Albert W. Heizer	ADDRESS 2610 Union Bl.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull; suffered when he apparently fell from porch roof at rear of his house while installing storm-porch in second story window, Nov. 13, 1954 about 11:40 am		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. None		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT, SUICIDE, HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hrs) Nov 3 54 11:40 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? eee E9020
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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 **6:35 AM**, from the causes and on the date stated above. **21**

23a. SIGNATURE Joseph M. [Signature]	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11/6/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/6/54	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. NOV 6 1954	REGISTRAR'S SIGNATURE J. Earl Smith mo	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	ADDRESS 1905 Union Blvd.
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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.....
Albert P. Thompson

Licensed Embalmer No.....
4231

P. O. Address.....
H. Jones

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.