

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43656

State File No. 11814

318

1003

Registrar's No.

|   |  |  |   |   |  |   |  |
|---|--|--|---|---|--|---|--|
| BIRTH NO.   |  | REG. DIST. NO.   |   | PRIMARY REG. DIST. NO.  |  | Registrar's No.   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>MISSOURI<br>b. COUNTY |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN ST. LOUIS  |  | c. LENGTH OF STAY (in this place)  |   | c. CITY OR TOWN<br>ST. LOUIS  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>ST. LOUIS CITY HOSPITAL  |  |  |   | e. STREET ADDRESS (If rural, give location)<br>2119<br>3225 Montgomery 0  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br>CHARLES<br>b. (Middle)<br>HEITHAUS<br>c. (Last)   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>DECEMBER 25, 1954 |   |  |   |  |
| 5. SEX<br>MALE 0  |  | 6. COLOR OR RACE<br>WHITE  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>?   |  | 8. DATE OF BIRTH<br>JULY 29, 1865   |  |
| 9. AGE (In years last birthday)<br>89   |  | 10. MONTHS<br>?  |   | 11. BIRTHPLACE (City and State or Foreign Country)<br>OHIO  |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>?  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>UNKNOWN   |   | 13a. FATHER'S NAME<br>BERNARD   |  | 13b. MOTHER'S MAIDEN NAME<br>?  |  |
| 13c. NAME OF HUSBAND OR WIFE  |  | 14. NAME OF HUSBAND OR WIFE  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>UNKNOWN         |  | 16. SOCIAL SECURITY NO.<br>UNKNOWN  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br>HOSPITAL RECORD  |  | 17. INFORMANT'S SIGNATURE OR NAME  |   | 17. INFORMANT'S SIGNATURE OR NAME   |  | 17. INFORMANT'S SIGNATURE OR NAME   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br><i>Pneumonia, lobes</i><br>INTERVAL BETWEEN ONSET AND DEATH<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><i>Arteriosclerosis, generalized</i> |   |   |  |   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>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) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?<br>490X  |  |   |  |
| 22. I hereby certify that I attended the deceased from 12-17-54, 19___, to 12-25-54, 19___, that I last saw the deceased alive on 12-25-54, 19___, and that death occurred at 1:30P m., from the causes and on the date stated above. |  |  |   |   |  |   |  |
| 23a. SIGNATURE<br><i>Leo Marino M.D.</i>  |  |  |   | 23b. ADDRESS<br>1515 Lafayette Avenue   |  | 23c. DATE SIGNED<br>12-27-54  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL   |  | 24b. DATE<br>DEC-29-54   |   | 24c. NAME OF CEMETERY OR CREMATORY<br>CALVARY   |  | 24d. LOCATION (City, town, or county) (State)<br>ST. LOUIS MO   |  |
| DATE REC'D BY LOCAL REG.<br>DEC 28 1954   |  | REGISTRAR'S SIGNATURE<br><i>J. Carl Smith</i>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Paul Kelly</i>   |  | ADDRESS<br>4386 Lindell   |  |

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.....  
*Gene A. Hutchins*

Licensed Embalmer No. *496*

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.**