

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9216**
2255
Registrar's No.

FILED MAR 31 1955

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

| | | | |
|---|--|--|--|
| 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 St. John's Hospital | | 3. STREET ADDRESS (If rural, give location) 6626 Pernod Ave. 2037 | |

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|--|------------|-------------|-----------------------|-------------------------------------|----------------------|
| 3. NAME OF DECEASED (Type or Print) CHARLES | a. (First) | b. (Middle) | c. (Last) HEUN | 4. DATE OF DEATH Mar. 8 1955 | (Month) (Day) (Year) |
|--|------------|-------------|-----------------------|-------------------------------------|----------------------|

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|--------------------|-------------------------------|---|---------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 25, 1894 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|-----------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Mgr.-Perkins | 10b. KIND OF BUSINESS OR INDUSTRY Constrution Co. | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Joseph Heun | 13b. MOTHER'S MAIDEN NAME Frances Jung | 14. NAME OF HUSBAND OR WIFE Frances Heun |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Frances Heun | ADDRESS 6626 Pernod Ave. |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Rectum | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery with acute left ventricular failure. | | | |

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| 19a. DATE OF OPERATION 3-8-55 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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|--|--|---|
| 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) |
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| | | |
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| 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? 154X |
|--|--|--|

22. I hereby certify that I attended the deceased from **2-2-1955**, to **3-8-1955**, that I last saw the deceased alive on **3-8-1955**, and that death occurred at **9:00P** m., from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Degree or title) Dr. T. DeFay MD | 23b. ADDRESS 634 N. Grand Blvd | 23c. DATE SIGNED 3-10-55 |
|---|---------------------------------------|---------------------------------|

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|--|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Mar. 12, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| DATE REC'D BY LOCAL REG. MAR 12 1955 | REGISTRAR'S SIGNATURE Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | ADDRESS 4228 S. Kingshighway Bl. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 101

St. Louis 43

6820 Bernard Ave. St. John's Hospital

MARY 8 1955 HUBBARD CHARLES
 60 2511 1/2 1111 1111 1111
 U.S.A. St. Louis, Mo. Office: 1111 - 1111 - 1111 1111
 FRANCIS FRANCIS FRANCIS FRANCIS
 1111 Ave. 1111 - 1111 - 1111 1111 1111

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 *William B. White*.....

Licensed Embalmer No. *422*

P. O. Address *422 1/2 1111*

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.