

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13420**

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

Registrar's No. **2766**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Ferdinand TWP	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		STREET ADDRESS (If rural, give location) New Hallsferry Rd. R#2 Box 513	
3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE b. (Middle) HEINS c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 26th, 1955	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 26th, 1875
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Brinker		13b. MOTHER'S MAIDEN NAME Marie Yeager	
14. NAME OF HUSBAND OR WIFE John C. Heins		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 John C. Heins	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		ADDRESS John C. Heins, R#2 Box 513, Florissant, Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 14 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease years		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY)		21d. HOW DID INJURY OCCUR? Fall at Home	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-13-55 a.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from March 13, 1955 , to March 26, 1955 , that I last saw the deceased alive on March 26, 1955 , and that death occurred at 1:45 pm. , from the causes and on the date stated above.		23a. SIGNATURE Halter S. Wilson M.D.	
23b. ADDRESS 40 N. Florissant Rd.		23c. DATE SIGNED Mar 27.55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3/29/55	
24c. NAME OF CEMETERY OR CREMATORY Salem Ev. Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. MAR 28 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE DIEDRICH FUNERAL HOME		ADDRESS 8319 Hallsferry	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

of . . .

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..... *Paul G. Wachtel*

Licensed Embalmer No. *478*

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.