

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20095

5319

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
St Louis

c. LENGTH OF STAY (in this place)

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)  
St Louis213<sup>9</sup><sub>0</sub>d. FULL NAME OF HOSPITAL OR INSTITUTION  
City Hospitald. STREET ADDRESS (If rural, give location)  
13 St Louis Chronic Hospital 5800 Arsenault

## 3. NAME OF DECEASED (Type or Print)

a. (First)

DORA

b. (Middle)

c. (Last)

HEIL

4. DATE OF DEATH (Month) (Day) (Year)

JUNE 10 1955

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)

Widowed 2

## 8. DATE OF BIRTH

Sept 14, 18 73

## 9. AGE (In years last birthday)

81

IF UNDER 1 YEAR

MONTHS

IF UNDER 1 HOUR

MIN.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home maker

## 11. BIRTHPLACE (State or foreign country)

Unknown 9

## 12. CITIZEN OF WHAT COUNTRY?

Unknown

## 13a. FATHER'S NAME

John Wickmann

## 13b. MOTHER'S MAIDEN NAME

Mary Krull

## 14. NAME OF HUSBAND OR WIFE

Conrad Heil

## 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.

none

## 17. INFORMANT'S SIGNATURE OR NAME

Patrick McShan 2331 Mullough

## ADDRESS

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

Arteriosclerotic Heart

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Disease; Generalized

DUE TO (c)

Arteriosclerosis

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 

## 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  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR

4200

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 \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_, from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

Patrick E. Taylor, Coroner

## 23b. ADDRESS

1300 Clark

## 23c. DATE SIGNED

6-20-55

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

6/20/55

## 24c. NAME OF CEMETERY OR CREMATORY

Calvary

## 24d. LOCATION (City, town, or county) (State)

St Louis Mo.

## DATE REC'D BY LOCAL REG.

JUN 20 1955

## REGISTRAR'S SIGNATURE

Casey Smith

## 25. FUNERAL DIRECTOR'S SIGNATURE

Walter Kelly 4386 Lindell Blvd

## ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James G. Lammner*

Licensed Embalmer No. *4142*

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 this body is not embalmed, fact should be so stated above.