

No. 300
10.48

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27784
State File No. 7250
Registrar's No. 7250

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|---|-------------------------------------|--|--|--|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7250 | |
| 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. LENGTH OF STAY (In this place) _____ | | 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 6447 Villa Ave. | | | | e. STREET ADDRESS (If rural, give location) 6447 Villa Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE b. (Middle) M. c. (Last) HEUVELMAN | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 18 1955 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Oct. 1, 1884 | | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months _____ | IF UNDER 24 HRS. Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Charles McAnany | | 13b. MOTHER'S MAIDEN NAME Catherine Haggerty | | 14. NAME OF HUSBAND OR WIFE Late Arnold C. Heuvelman | | | |
| 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 ADDRESS John M. Heuvelman 1055 North & South Rd. | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH 15 yr |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatoid arthritis | | | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) _____ | | | |
| | | | | DUE TO (c) _____ | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 722.0 | | | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from Jan. , 19 50 , to Aug 17 , 19 55 , that I last saw the deceased alive on Aug 7 , 19 55 , and that death occurred at 4:25P m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Henry Cornefeld M.D. (Degree or title) | | | | 23b. ADDRESS 3903 Olive | | 23c. DATE SIGNED Aug. 20, 1955 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Aug. 22, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. AUG 19 1955 | | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshausen 4228 S. Kingshighway Bl. | | | |

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

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.....
Erwin A. M. Derwent

Licensed Embalmer No. *302*

P. O. Address.....

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.