

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43036

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 7839

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Rural-Bonhomme Twshp		c. CITY OR TOWN Rural Bonhomme Twshp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conway Road		e. STREET ADDRESS (If rural, give location) Conway Road	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Martin c. (Last) Heintz			4. DATE OF DEATH (Month) (Day) (Year) 12/5/55		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	
8. DATE OF BIRTH Oct. 28, 1868		9. AGE (In years) (Last birthday) 87		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Martin Heintz		13b. MOTHER'S MAIDEN NAME Selomea Rosenfelder		14. NAME OF HUSBAND OR WIFE Elizabeth Heintz	
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 ADDRESS Martin Heintz, Creve Coeur, Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic Ulcer 3-31X		INTERVAL BETWEEN ONSET AND DEATH 2 wks -	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X		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)	
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 Nov 21, 1955, to Dec 4, 1955, that I last saw the deceased alive on Dec 4, 1955, and that death occurred at 3 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Royal C. Hedden MD		23b. ADDRESS Kirkwood Mo		23c. DATE SIGNED 12-6-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/7/55		24c. NAME OF CEMETERY OR CREMATORY Elmlawn Cemetery	
24d. LOCATION (City, town, or county) Clayton & Ballas Roads		(State)			

DATE REC'D BY LOCAL REG. 12-7-55		REGISTRAR'S SIGNATURE Herbert R. Dombke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo	
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Consented Embalmer's Statement on Reverse Side)

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

300
48

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.....
Richard Bypp

Licensed Embalmer No. *45*

P. O. Address *Ballwin,*

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.