

STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1956

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 309

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (If applicable place) 30 Yrs.	c. CITY OR TOWN Webster Groves		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 217 Wilshusen Ave.			e. STREET ADDRESS (If rural, give location) 217 Wilshusen Ave.		

3. NAME OF DECEASED (Type or Print) MILDRED GERTRUDE HEATON			4. DATE OF DEATH 2-1-1956		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-15-1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Chester Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Beare	13b. MOTHER'S MAIDEN NAME Margaret E Douglas	14. NAME OF HUSBAND OR WIFE William H Heaton
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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 C.T. Heaton	ADDRESS 1256 Oakshire Kirkwood Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion - Coronary Thrombosis		
	ANTECEDENT CAUSES Arteriosclerosis		
	DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-22 ⁴¹ to 1-31 ⁵⁶, 19 56, that I last saw the deceased alive on 1-31, 19 56, and that death occurred at 11 1/2 ¹⁷ am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward A. Watrup MD	23b. ADDRESS 204 E. Big Bend	23c. DATE SIGNED 2-1-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-3-1956	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
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DATE REC'D BY LOCAL REG. 2-1-56	REGISTRAR'S SIGNATURE Herbert B. Lombard	25. FUNERAL DIRECTOR'S SIGNATURE Alfred Webster Groves	ADDRESS Mo.
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Neville D. Prohvitler*

Licensed Embalmer No. *369*

P. O. Address *15 W. Locke*

- 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.