

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 27 1956

State File No. **10837**

318

1003

Registrar's No. **26726**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 26726			
1. PLACE OF DEATH a. COUNTY Missouri				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1Y6M21d		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Chronic Hospital				e. STREET ADDRESS (If rural, give location) 5600 Arsenal				218 1/2	
3. NAME OF DECEASED (Type or Print) a. (First) Edwin		b. (Middle) J.		c. (Last) Heimann		4. DATE OF DEATH (Month) (Day) (Year) 3/12/56			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/14/1873			
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Shoe Worker		11. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Gonrad Heimann			13b. MOTHER'S MAIDEN NAME Margaret Bauer			14. NAME OF HUSBAND OR WIFE Barbara Heimann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489 01 283		17. INFORMANT'S SIGNATURE OR NAME Chronic Hospital, 5600 Arsenal					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease							
		ANTECEDENT CAUSES Hypertensive cardiovascular disease							
		DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Generalized arteriosclerosis Generalized Arterio Sclerosis.					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) 443 x					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 7/20 , 19 54 , to 3/12 , 19 56 , that I last saw the deceased alive on 3/12 , 19 56 , and that death occurred at 8:15P m., from the causes and on the date stated above.									
23a. SIGNATURE George M. Janaka, M.D. (Degree or title) _____				23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED Mar. 13, 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Road, Lemay			
DATE REC'D BY LOCAL REG. MAR 15 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. ADDRESS 781 1/2 So. Broadway St. Louis, Mo.					

(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 *Louis C. Hoffmann*.....

Licensed Embalmer No. *38*

P. O. Address *7814 S.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.