

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14615**
3485

FILED APR 26 1956

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				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) 49 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 1201 Chouteau Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1201 Chouteau Ave.				d. STREET ADDRESS 1201 Chouteau Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) HELLER			4. DATE OF DEATH (Month) (Day) (Year) April 6, 1956				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 24, 1877	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY own Drug Store		11. BIRTHPLACE (City and State or Foreign Country) Renault, Illinois	
11. BIRTHPLACE (City and State or Foreign Country) Renault, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John HELLER		13b. MOTHER'S MAIDEN NAME Catherine JACOBS	
13a. FATHER'S NAME John HELLER		13b. MOTHER'S MAIDEN NAME Catherine JACOBS		14. NAME OF HUSBAND OR WIFE Katherine HELLER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
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. 496-36-1783		17. INFORMANT'S SIGNATURE OR NAME Katherine Heller		ADDRESS 1201 Chouteau Ave. St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis & cystitis				INTERVAL BETWEEN ONSET AND DEATH 3 years			
*This does not mean the mode of dying, such as heart failure, asthma, 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) no definite history			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. Similarity				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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
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 Feb 26, 1956 , to April 6, 1956 , that I last saw the deceased alive on April 6, 1956 , and that death occurred at 2 p.m. , from the causes and on the date stated above.	
22. I hereby certify that I attended the deceased from Feb 26, 1956 , to April 6, 1956 , that I last saw the deceased alive on April 6, 1956 , and that death occurred at 2 p.m. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Carl G. W. Jones, M.D.		23b. ADDRESS 2278 H.S. Jones		23c. DATE SIGNED 4/6/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 9, 1956		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Renault, Illinois	
DATE REC'D BY LOCAL REG. APR 7 1956		REGISTRAR'S SIGNATURE Carl G. W. Jones		25. FUNERAL DIRECTOR'S SIGNATURE Lawrence W. ...		ADDRESS Dupo, Illinois	

WRITE PLAINLY—USING UNFAADING 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

Student Embalmer

Signed _____

Donald A. Raskin

Licensed Embalmer No. 4621

P. O. Address Dupon, Illinois

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.