

No. 300
10. 48

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24740**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **192**

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Charles | | c. CITY OR TOWN 0 Fallon | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 3 Hrs. | | e. STREET ADDRESS (If rural, give location) 0 Fallon | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | | |

| | | | | | |
|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Saloma b. (Middle) _____ c. (Last) Heppermann | | | 4. DATE OF DEATH (Month) (Day) (Year) July 26, 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Jan 8, 1885 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months 6 Days 18 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home duties | | 10b. KIND OF BUSINESS OR INDUSTRY House Work | 11. BIRTHPLACE (City and State or Foreign Country) Josephville Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |

| | | | | | |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME Louie Rothermich | | 13b. MOTHER'S MAIDEN NAME ? Freymith | | 14. NAME OF HUSBAND OR WIFE Fred Heppermann | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Clarence Heppermann ADDRESS 0 Fallon Mo. R. R. | |

| | | | | | |
|--|--|---|--|--|--|
| 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 Hemorrhage | | | INTERVAL BETWEEN ONSET AND DEATH 12 hours <i>unobtainable</i> |
| | | 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. | | | |

| | | | | | |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 331X | |
| 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 **June 1956**, to **July 27, 1956**, that I last saw the deceased alive on **July 27, 1956**, and that death occurred at **3:35 p. m.**, from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|---------------------------------------|--|
| 23a. SIGNATURE (Degree or title) Don L. Randall M.D. | | 23b. ADDRESS 207 N. 5th St. Charles Mo. | | 23c. DATE SIGNED July 28, 1956 | |
|---|--|--|--|---------------------------------------|--|

| | | | | | | | |
|---|--|--------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 30, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery | | 24d. LOCATION (City, town, or county) (State) Josephville Missouri | |
|---|--|--------------------------------|--|---|--|---|--|

| | | | | | |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. July 30 1956 | | REGISTRAR'S SIGNATURE Tramie Hamilton | | 25. FUNERAL DIRECTOR'S SIGNATURE Sarston J. Ottman ADDRESS Wentzville Mo | |
|--|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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 *Garlton J. Pitman*

Licensed Embalmer No. *497*

P. O. Address *Wentzville*

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.