

FILED AUG 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25818

State File No.

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 50

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|---|--|---|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY Warren | | 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 OR TOWN Warrenton) | | c. LENGTH OF STAY (in this place) 3 months | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home | | e. STREET ADDRESS (If rural, give location) 4641 Morganford Rd. 21591 | |

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|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) F. c. (Last) Heib | | | 4. DATE OF DEATH (Month) (Day) (Year) July 31, 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 10, 1879 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer | | 10b. KIND OF BUSINESS OR INDUSTRY Own store | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Peter Heib | 13b. MOTHER'S MAIDEN NAME Helen Helmbacher | 14. NAME OF HUSBAND OR WIFE Elsie Priesterbach, decd |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. 489-07-8279 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cora Heib 8720 Radley Court Brentwood, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis heart blood vessels. DUE TO (c) General arteriosclerosis. | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) | 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 May 1, 1956, to July 31, 1956, that I last saw the deceased alive on July 30, 1956, and that death occurred at 8:20 a.m. from the causes and on the date stated above.

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| 23a. SIGNATURE Lloyd Logan (Degree or title) MD | 23b. ADDRESS Warrenton, Mo. | 23c. DATE SIGNED 7-31-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8-2-56 | 24c. NAME OF CEMETERY SS Peter & Pauls |
| 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | |

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| DATE REC'D BY LOCAL REG. 8-2-56 | REGISTRAR'S SIGNATURE Lloyd Logan | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. 2201 S. Grand St. Louis, Mo. |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

AUG 10 1956

FEB 8 1957
JUL 30 1957

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 *Francis J. Wyland Jr*

Licensed Embalmer No. 4512

P. O. Address *St. Louis, Mo.*

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.