

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28540**  
**7627**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis, Mo</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Emp.</b>		e. STREET ADDRESS (If rural, give location) <b>15 4504 Louisiana AVE</b>	

3. NAME OF DECEASED (Type or Print) <b>Elizabeth</b>			a. (First)			b. (Middle)			c. (Last) <b>Heusohn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 14, 1956</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 11, 1871</b>			9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>3</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <b>Waterloo, Ill.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Adam Goeddel</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Henry (Deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eugene Heusohn 4504 Louisiana</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8-14-56</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Acute Myocardial Infarction</b>		DUPLICATE OF (a) <b>Acute Myocardial Infarction</b>			
*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			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Chronic Myocarditis</b>			
		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 <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>		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 **Aug-12, 1956** to **Aug-14, 1956** that I last saw the deceased alive on **Aug. 14, 1956** and that death occurred at **4:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Dee or title) <b>Joseph A. Lembar 2nd</b>		23b. ADDRESS <b>607 N. Grand Blvd</b>		23c. DATE SIGNED <b>8-15-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug. 17, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Church Yard</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>AUG 17 1956</b>		REGISTRAR'S SIGNATURE <b>J. Paul Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. Schumacher 3013 Meramec St.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Gustav W. Dutter*.....

Licensed Embalmer No. *432*.....

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.