

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29398

State File No. ....

FILED AUG 22 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 315 PRIMARY REG. DIST. NO. 541 Registrar's No. 1851

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>St. Louis</u>	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) <u>DOA</u>		e. STREET ADDRESS (If rural, give location) <u>4956a Farlin Avenue 15 20 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA St. Louis County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>Allen</u> c. (Last) <u>Heape</u>	4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>1</u> (Year) <u>1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 13, 1910</u>	9. AGE (In years last birthday) <u>46 yrs</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rod Binder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Cable Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson County, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ward Heape</u>	13b. MOTHER'S MAIDEN NAME <u>Iuary Cox</u>	14. NAME OF HUSBAND OR WIFE <u>Sylvia Heape (Nee Sanders)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sylvia Heape</u> ADDRESS <u>4956a Farlin, St. Louis 15, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery occlusion</u>		<u>2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina pectoris</u> DUE TO (c) <u>nutritional anemia</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 9-27, 1954 to 2-22, 1956, that I last saw the deceased alive on 6-2, 1956 and that death occurred at 4:30 Pm., from the causes and on the date stated above.

23. SIGNATURE <u>Irvin D. Bernward</u> (Degree or title) (City) _____	23b. ADDRESS <u>3409 N. Union</u>	23c. DATE SIGNED <u>8/2/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Mem. Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>8-2-56</u>	REGISTRAR'S SIGNATURE <u>Heberly K. Romke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u> ADDRESS <u>4828 Nat'l. Bridge Blvd., 15</u>
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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 *Ralph C. Lindner*.....

Licensed Embalmer No. *4275*.....

P. O. Address *St. Louis*.....

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.