

THE DIVISION OF HEALTH OF MISSOURI  
 FILED SEP 27 1956 STANDARD CERTIFICATE OF DEATH

State File No. **32677**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **548** Registrar's No. **2201**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Webster Groves</b>		c. LENGTH OF STAY (in this place) <b>50 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>250 S. Old Orchard Ave</b>		e. STREET ADDRESS (If rural, give location) <b>250 S. Old Orchard Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Heath</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 15, 1956</b>
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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>Aug. 6, 1859</b>	9. AGE (In years last birthday) <b>97</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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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 <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Onhrabka</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas J. Heath</b>
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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 <b>Wm. G. Heath</b>	ADDRESS <b>241 W. Jewell, Kirkwood</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Cerebral Sclerosis</b>		
	DUE TO (c) <b>Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Decubital Ulcers</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 12, 1956** to **Sept 19, 1956**, that I last saw the deceased alive on **Sept 12, 1956** and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Carl E. Leuck</b>	(Degree or title)	23b. ADDRESS <b>227 E. Lockwood</b>	23c. DATE SIGNED <b>9-17-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-17-56</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombrowski</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mittelberg Funeral Home, Inc.</b>	ADDRESS <b>223 W. Lockwood Webster Groves, Mo.</b>
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(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 *Elmo R. Radwell*.....

Licensed Embalmer No. *4077*.....

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.