

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

39468
STATE FILE NUMBER
10206
Registration District No. 1003

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8941 Newby		Length of stay in lb 9yrs d. STREET ADDRESS (If outside, give location) 8941 Newby	
3. NAME OF DECEASED (Type or print) First FRANK Middle LORENZ Last HEITZ		4. DATE OF DEATH November 7th, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 20th, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Painter (retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 69
13. FATHER'S NAME Henry Heitz		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 489-03-3260		14. MOTHER'S MAIDEN NAME Elizabeth Wilkie	
17. INFORMANT Louisa Heitz, 8941 Newby (wife)		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO (b) Left Bundle Branch Block DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 433.0			INTERVAL BETWEEN ONSET AND DEATH 2 mo 3 mo
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9/19/56 to 11/7/56 and last saw see him alive on 11/7/56 Death occurred at 3 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas H. Posey, Jr. D.O.		22b. ADDRESS 5004 N. Brady	
22c. DATE SIGNED 11/8/56			
23a. BURIAL, CREMATION, REMOVAL (Specify removal)		23b. DATE 11/10/56	
23c. NAME OF CEMETERY OR CREMATORY St. Botolphs Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR ADDRESS DIEDRICH FUNERAL HOME, 8319 Hallsferry		25. DATE RECD. BY LOCAL REG. NOV 8 1956	
26. REGISTRAR'S SIGNATURE Carl Smith MD BP			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

By _____ 70.

STATEMENT BY-LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Stanley H. Dip*

Licensed Embalmer No. *H*

P. O. Address *St. J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.