

FILED NOV 26 1956

## STANDARD CERTIFICATE OF DEATH

40001  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2560

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY ST. LOUIS		b. CITY (If outside corporate limits, give TOWNSHIP only) CLAYTON		c. CITY OR TOWN MANCHESTER 4000		d. STREET ADDRESS WEIDMAN RD.	
a. COUNTY		b. CITY		a. STATE MISSOURI		b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) CLAYTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MANCHESTER 4000		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS COUNTY		Length of stay in lb D.O.A.		d. STREET ADDRESS WEIDMAN RD.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First GEORGE		Middle A.		Last HEILMAN		Month Day Year OCT. 28 1956	
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 28, 1996	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		100. KIND OF BUSINESS OR INDUSTRY Painter & Dec.		11. BIRTHPLACE (City and state or country) NORTH VERNON, INDIANA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		100. KIND OF BUSINESS OR INDUSTRY Painter & Dec.		11. BIRTHPLACE (City and state or country) NORTH VERNON, INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME VALENTINE HEILMAN				14. MOTHER'S MAIDEN NAME SOPHIE KRAUS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES War #1		16. SOCIAL SECURITY NO. 490-38-8977		17. INFORMANT KATHERINE HEILMAN, MANCHESTER, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown natural causes</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) _____							
DUE TO (c) _____							7954
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 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		20g. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Herbert R. Domke, M.D., Local Registrar				22b. ADDRESS 651 S. Brentwood Blvd.		22c. DATE SIGNED 11/7/56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL		OCT. 31, 1956		Hiram Cem.		ST. LOUIS, COUNTY MISSOURI	
24. FUNERAL DIRECTOR TANNER FUNERAL HOME, 6107 NAT'L BRIDGE				25. DATE RECD. BY LOCAL REG. 10-30-56		26. REGISTRAR'S SIGNATURE Herbert R. Domke	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, or other person certifying to a death due to natural causes in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

87.

VS  
AUG 14 1959

---

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 *John L. Denne*  
Licensed Embalmer No. *41*  
P. O. Address *St. Louis*

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.