

health, Welfare, Public, etc. 300 1-58 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

2796

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 374

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>SAPPINGTON</i> 4846 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>11720 Sappington Blvd Rd</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>ALVIN</i> Middle <i>HERMAN</i> Last <i>HEIMOS</i>			4. DATE OF DEATH Month <i>JAN.</i> Day <i>11</i> Year <i>1957</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 18 1915</i>
10. USUAL OCCUPATION (Give kind of work done during most of working life (Open if retired) <i>Asst. Mgr. of B. & O. Ry.</i>		100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Massachusetts</i>
13. FATHER'S NAME <i>Jacob Heimos</i>		14. MOTHER'S MAIDEN NAME <i>Laura Bleitz</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no. or unknown) (If negative war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>498-01-9907</i>	17. INFORMANT <i>Kath. Heimos</i> Address <i>11720 Sappington Blvd.</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>UREMIA</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>CARCINOMA OF URINARY BLADDER WITH METASTASES</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE <i>1 YR.</i>
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 _____ 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 <i>JAN. 3, 1957</i> to <i>JAN. 11, 1957</i> and last saw her alive on <i>JAN. 11, 1957</i> Death occurred at <i>7:30 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. E. Vermillion M. D.</i> (Degree or title)		22b. ADDRESS <i>BARNES HOSPITAL</i>	22c. DATE SIGNED <i>1/12/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1-15-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>JOS. P. FENDLER JR. 7128 MICHIGAN</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 14 '57</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i>

7986.

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 *Clarence Cochran*

Licensed Embalmer No. *30*

P. O. Address *7128 Main*

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.