

No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1957

State File No. **10394**  
Registrar's No. **2077**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>10394</b>		Registrar's No. <b>2077</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>26 Days</b>		c. CITY OR TOWN <b>Valley Park</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>23 St. John Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>27 138 Jefferson</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>			b. (Middle) <b>W.</b>			c. (Last) <b>Heinemann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 28, 1957</b>				
5. SEX <b>male 0</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 7, 1892</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR: Months <b>6</b> Days <b>21</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driver</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Cal's Cleaners</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Festus Missouri 0</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John Heinemann</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Ribson</b>				14. NAME OF HUSBAND OR WIFE <b>Mary Ruth Heinemann</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>				16. SOCIAL SECURITY NO. <b>490-03-0315</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Heinemann</b> ADDRESS <b>Bonne Terre Mo.</b>							
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)													
MEDICAL CERTIFICATION													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>										INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Toxic myocarditis</b>										<b>10 Days</b>			
DUE TO (c) <b>Post Operative pelvic Peritonitis</b>										<b>10 Days</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma Rectum &amp; colon resection</b>										<b>10 Days</b>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <b>2 wks after complete Bowel Obstruction &amp; Colectomy</b>									
19a. DATE OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
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) <b>154x</b> (COUNTY) <b>1</b> (STATE) <b>1</b>							
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? _____									
22. I hereby certify that I attended the deceased from <b>1/9</b> , 19 <b>57</b> , to <b>2/28</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>2/27</b> , 19 <b>57</b> , and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>John King MD</b> (Degree or title) <b>0</b>						23b. ADDRESS <b>684 E. Big Bend</b>			23c. DATE SIGNED <b>2/28/57</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-2-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood Missouri</b>							
DATE REC'D BY LOCAL REG. <b>MAR 1 '57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Schrader Funeral Home</b> ADDRESS <b>Ballwin, Mo.</b>							

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..... *Richard Bopp* .....

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, Mo.*

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.