

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14789

STATE FILE NUMBER

4058

FILED MAY - 8 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2109 Arsenal St.</i>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>2109 Arsenal St.</i>	
3. NAME OF DECEASED (Type or print) First <i>Emma</i> Middle <i>Sophie</i> Last <i>Heiland</i>			4. DATE OF DEATH Month <i>Apr.</i> Day <i>28</i> Year <i>1957</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <i>WIDOWED</i> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Mar. 15 1870</i>	9. AGE (In years last birthday) <i>87</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Confined at home</i>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Kansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>William Karsten</i>			14. MOTHER'S MAIDEN NAME <i>Lena Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Evelyn Ford 2109 Arsenal St.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>					<i>6 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					<i>10 years</i>
DUE TO (b) <i>Generalized Arteriosclerosis.</i>					<i>42:0</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)					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 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. 19 1956</i> to <i>April 28 1957</i> and last saw her alive on <i>April 24 1957</i> Death occurred at <i>1:30 A. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Joseph A. Mueller M.D.</i>			22b. ADDRESS <i>6177 So. GRAND</i>		22c. DATE SIGNED <i>4-29-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>4-30-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Kinderhook</i>		23d. LOCATION (City, town, county) (State) <i>Kinderhook Ill.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Witt Bros. L + U. Co. 2929 S. Jefferson</i>		25. DATE RECD. BY LOCAL REG. <i>APR 29 '57</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> <i>mgs</i>	

Health, Welfare & Public Service

300 1-56

All diseases 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

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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**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.....  
*Donald C. Witt*

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jh

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.