

FILED MAY 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 17700  
State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-MERAMEC</u>		c. LENGTH OF STAY (in this place) <u>20 DAYS</u>		c. CITY OR TOWN <u>Kirkwood</u>		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 <u>St. Joseph's Hill Infirmary</u>				e. STREET ADDRESS (If rural, give location) <u>275 HORSESHOE DR. 400</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHAS</u>			b. (Middle) <u>F.</u>		c. (Last) <u>HEBERER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 24 1867</u>		9. AGE (in years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CLERK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KASKASKIA ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME. <u>MICHAEL HEBERER</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA LENZER</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED - UNKNOWN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-34-495</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bro. Koch - St. Joseph's Hill Inf. Furner</u>			ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>CEREBRAL ARTERIO-SCLEROTIC</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIO-VASCULAR DISEASE</u>			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) (COUNTY) (STATE) <u>4221</u>			
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 <u>April 20, 1957</u> , to <u>MAY 10, 1957</u> , that I last saw the deceased alive on <u>MAY 10, 1957</u> , and that death occurred at <u>2:20 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (In ink, degree or title) <u>Dr. Marder M.D.</u>				23b. ADDRESS <u>St. Joseph's Hill Infirmary, Furner</u>		23c. DATE SIGNED <u>5/10/57</u>	
24a. BAPTAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-13-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-11-57</u>		REGISTRAR'S SIGNATURE <u>Robert Bauer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pfizinger Mort. 331 S. Kirkwood Rd.</u>			

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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED  
MAY 23 1957

MAY 18 1957

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 *William H. Fitzgerald*

Licensed Embalmer No. *4316*

P. O. Address *Kirk of 22*

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.