

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1957

State File No. **18794**  
Registrar's No. **4552**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Wentzville,</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>3/ St. Louis State Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>30 Rural Route # 2 Box 6920</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alphonse</b> b. (Middle) <b>Heppermann</b> c. (Last) <b>Heppermann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May, 11, 1957</b>		
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5. SEX <b>0</b> Male	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 7, 1888</b>	9. AGE (In years less birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Wentzville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Anton Heppermann</b>	13b. MOTHER'S MAIDEN NAME <b>Barbara Orf</b>	14. NAME OF HUSBAND OR WIFE <b>Mary</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>494-42-5831</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary H. Heppermann, Wentzville, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic pneumonia</b>		DUPLICATE TO (b) <b>General debility</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <b>Chronic Brain syndrome associated with cerebral arteriosclerosis</b>		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>334x</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>SUICIDE HOMICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **November 22, 1956**, to **May 11, 1957**, that I last saw the deceased alive on **May 11, 1957**, and that death occurred at **11:50p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Heuser MD</b> (Degree or title)	23b. ADDRESS <b>5100 Arsenal Street</b>	23c. DATE SIGNED <b>5-12-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-12-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Josephville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>MAY 13 57</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>T. E. Pitman, Wentzville, Mo.</b>	ADDRESS
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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 *Robert M. Murray* .....  
Licensed Embalmer No. *3749* .....  
P. O. Address *St. Louis* .....

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.