

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33081**

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 292	
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If location: residence, before a. STATE Missouri b. COUNTY St Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY OR TOWN St Charles		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: 2000 West Clay St.				e. STREET ADDRESS (If rural, give location) 2000 West Clay St.			
3. NAME OF DECEASED (Type or Print) Eleanor Heembrock			a. (First) Eleanor b. (Middle) Heembrock c. (Last) Heembrock			4. DATE OF DEATH (Month) (Day) (Year) Oct 1 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify?) Widowed		8. DATE OF BIRTH Dec. 7 1884	
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Balwin Hickman			13b. MOTHER'S MAIDEN NAME Julia Jarvis			14. NAME OF HUSBAND OR WIFE Herman Heembrock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no. or unknown) No		16. SOCIAL SECURITY NO. 486-32-0083		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Albert Monroe St Charles Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Coronary artery occlusion Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Serious cyst of forehead				INTERVAL BETWEEN ONSET AND DEATH 10 yr 1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)			
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? act 1			
22. I hereby certify that I attended the deceased from July 1953 , to Sept 1957 , that I last saw the deceased alive on Sept 27, 1957 , and that death occurred at 6:51 m. , from the causes and on the date stated above.							
23a. SIGNATURE W H J Oggenier, M.D.				23b. ADDRESS St Charles, Mo		23c. DATE SIGNED Oct 2, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 4 1957		24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. OCT. 3-57		REGISTRAR'S SIGNATURE Marcelle Wilson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Paine St Charles Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

540

FEB 13 1958

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.....
Arthur C. Paul

Licensed Embalmer No. *3151*

P. O. Address *St. Charles*

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.