

FILED SEP 16 1957

STANDARD CERTIFICATE OF DEATH

33618

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **7793**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ferguson (31)	
c. FULL NAME OF (If NOT in hospital, give location) DePaul Hospital		Length of stay in 1b 8 days		d. STREET ADDRESS (If outside, give location) 814 Thatcher Ave.	
3. NAME OF DECEASED (Type or print) FLORENCE V. HEINSOHN		4. DATE OF DEATH Month Day Year Aug. 19, 1957			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 31, 1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days 7 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Patrick Murphy		13b. MOTHER'S MAIDEN NAME Mary Quigley	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 4322	
17. INFORMANT Mrs. Elizabeth Townsend/ Randall Pl		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		INTERVAL BETWEEN ONSET AND DEATH 8 days maybe years	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Aug 11 1957 to Aug 19, 1957 and last saw her alive on Aug 18, 1957 Death occurred at Aug 19, 1957 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE McA. Polrenan M.D.		22b. ADDRESS 4339 Natural Path		22c. DATE SIGNED 8/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Aug. 23 1957		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		24. FUNERAL DIRECTOR Bromschwig and Son/W Florissant		25. DATE RECD. BY LOCAL REG. AUG 20 57	
26. REGISTRAR'S SIGNATURE J. Carl Smith, med		27. (Licensed Embalmer's Statement on Reverse Side)			

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B.P.

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 *Elton R. Remelius*

Licensed Embalmer No. *4283*
P. O. Address *St. Louis, 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.