

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37573**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10635**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Firmin Desloge Hospital**  
STREET ADDRESS (If rural, give location) **261 V 918a Tyler, 6**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Mary** b. (Middle) **Jo** c. (Last) **Heugel** 4. DATE OF DEATH (Month) (Day) (Year)  
**11 7 57**

5. SEX **Female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never married** 8. DATE OF BIRTH **11-7-57** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. **8 10**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_ 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Joe Travis Heugel** 13b. MOTHER'S MAIDEN NAME **Lois Jean Weston** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **Lois Heugel, 918a Tyler, St. Louis 6, Mo.** ADDRESS \_\_\_\_\_

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, assthenia, etc. It means the disease, injury, or complication which caused death.**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **PREMATURITY** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH **8 HRS.**  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **776x**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **NOV. 7, 1957**, to **NOV 7, 1957**, that I last saw the deceased alive on **NOV. 7, 1957**, and that death occurred at **9:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **James K. Jerny** (Degree or title) **M.O.** 23b. ADDRESS **1015. MERAMEC, CLAYTON** 23c. DATE SIGNED **11/8/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **NOV 9, 1957** 24c. NAME OF CEMETERY OR CREMATORY **MEMORIAL PARK** 24d. LOCATION (City, town, or county) (State) **ST LOUIS MO**

DATE REC'D BY LOCAL REG. **NOV 8 57** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **P. J. Desloge** ADDRESS **6536 Clayton Rd**

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

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.....

*Not Embalmed*  
*J. H. Carls*  
Licensed Embalmer No.....

P. O. Address.....

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.