

FILED NOV 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40894

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY OR TOWN Murphy		c. CITY OR TOWN Murphy	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) Valley View Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Valley View Drive			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) HENRY c. (Last) HEITZ			4. DATE OF DEATH (Month) (Day) (Year) 11-6-1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-29-1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brewery Worker		10b. KIND OF BUSINESS OR INDUSTRY Anhueser-Busch Inc	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Heitz	13b. MOTHER'S MAIDEN NAME Anna Vornberg	14. NAME OF HUSBAND OR WIFE Louise Heitz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 498-07-1291	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Heitz Murphy 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum		INTERVAL BETWEEN ONSET AND DEATH 7 mos.
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION July 19 1957	19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum & metastasis 154X	20. AUTOPSY? 2 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)
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?

22. I hereby certify that I attended the deceased from July, 1957, to 11-6, 1957, that I last saw the deceased alive on 11-4, 1957, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE Rg H Schmeimeyer MD	(Degree or title) MD	23b. ADDRESS 6817 Gravois	23c. DATE SIGNED 11/8/57
24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 11-9-1957	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) 10160 Gravois Road Mo

DATE REC'D BY LOCAL REC 11-9-57	REGISTRAR'S SIGNATURE Robert E. Bauer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frederick Bros 6409 Gravois Ave
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Dr. Schmeimeyer Jr
6817 A. Gravois Ave
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 544

(Licensed Embroiderer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 21 1957

DEC 2

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 *Wm. M. Sizemore*.....

Licensed Embalmer No. *4343*

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.