

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

Registration District No.

318

Primary Registration District No.

1003

45908  
STATE FILE NUMBER

12346  
Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>EAST CARONDELET</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MO. Pac. Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>32 Sugarloaf Township</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>EDWARD HEISMAN</i>		4. DATE OF DEATH Month Day Year <i>12 22 1957</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>6/18/1883</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>car inspector</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>
12a. FATHER'S NAME <i>John Heisman</i>		13b. MOTHER'S MAIDEN NAME <i>Mary</i>	14. NAME OF HUSBAND OR WIFE <i>Nattie Heisman Sapp</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>---</i>	17. INFORMANT <i>Nattie Heisman</i> Address <i>East Carondelet Ill. R.R. 1.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the Lung</i>			INTERVAL BETWEEN ONSET AND DEATH <i>9 months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>163x</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <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 <i>12/16/57</i> to <i>12/22/57</i> and last saw him alive on <i>12/22/1957</i> Death occurred at <i>11:30 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Bryan H. Charles, Jr. D.</i>		22b. ADDRESS <i>Mo. Pac. Hospital - St. Louis</i>	
		22c. DATE SIGNED <i>23 Dec 1957</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Dec 25, 1957</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>St. Louis</i>		23d. LOCATION (City, town, or county) (State) <i>Columbia, Missouri Ill</i>	
24. FUNERAL DIRECTOR <i>Josephine Schmidt</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 23 '57</i>	
ADDRESS <i>Columbia</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*mrb*

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 me, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Josephine Schmidt

Licensed Embalmer No. 7075  
P. O. Address Calumet

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.