

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1958

3020
STATE FILE NUMBER 766

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
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 ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 23 ST. JOHNS HOSPITAL		Length of stay in 1b	4. STREET ADDRESS 22 5429 ² COLOGNE		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE HEIMBURGER			4. DATE OF DEATH Month Day Year JAN 19 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 2 1892	9. AGE (In years last birthday) 65	10. FUNDING YEAR IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CREDIT SUPERVISOR		10b. KIND OF BUSINESS OR INDUSTRY FAMOUS-BARR		11. BIRTHPLACE (City and state or country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U-S-A		13a. FATHER'S NAME GEORGE HEIMBURGER		13b. MOTHER'S MAIDEN NAME LOUISE RAPP	
14. NAME OF HUSBAND OR WIFE CHARLOTTE HEIMBURGER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 488-09-3130	
17. INFORMANT Address CHARLOTTE HEIMBURGER 5429 ² COLOGNE		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General Carcinomatous Carcinoma of rectum DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 2 Months 4 Months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Death occurred at 9-12-57 4 ¹⁵ P to 1-19-58 and last saw him alive on 1-19-58					
22a. SIGNATURE (Ink or title) E. D. Stoughton M.D.		22b. ADDRESS 508 N. Grand Ave		22c. DATE SIGNED 1-21-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN 22 1958		23c. NAME OF CEMETERY OR CREMATORY ST. PETER + PAUL CEM	
23d. LOCATION (City, town, or county) ST. LOUIS		23e. STATE MO			
24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravois		25. DATE RECD. BY LOCAL REG. JAN 21 '58		26. REGISTRAR'S SIGNATURE C. E. Smith MO m 88	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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230-5220

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 *Samuel @ Hill*

Licensed Embalmer No. *4347*
P. O. Address *2906 Haven*

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.