

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019789  
STATE FILE NUMBER

FILED JUN 11 1958		Registration District No. 318	Primary Registration District No. 1003	Registrar's No. 5514
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) OR TOWN 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 2005 Arsenal St.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2005 Arsenal St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CAROLINE HEUN			4. DATE OF DEATH Month Day Year May 25, 1958.	
5. SEX female	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 Oct. 20, 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miliner		10b. KIND OF BUSINESS OR INDUSTRY retired	9. AGE (In years last birthday) 72 yrs.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Jacob Heun		13b. MOTHER'S MAIDEN NAME Anna Reutermann		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Dora Heun Address 2005 Arsenal St.	
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 heart</i> DUE TO (b) <i>Carcinoma of thyroid</i> DUE TO (c) <i>194x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 2 2
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>May 12 '58</i> to <i>May 25 '58</i> and last saw her/him alive on <i>May 25, 1958</i> Death occurred at <i>1 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Jessie G. ...</i>		22b. ADDRESS <i>2603 Sherwood St</i>		22c. DATE SIGNED <i>5-26-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 28, 1958	23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Gebken Mortuary		25. DATE RECD. BY LOCAL REG. MAY 26 '58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i> <i>m8B</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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1-57

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 *Robert J. Gau Jr.* .....

Licensed Embalmer No. *4800* .....

P. O. Address *Hicksville 27* .....

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.