

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022340

STATE FILE NUMBER

25

159

5591

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

FILED JUN 25 1958

| | | | | | | | | | |
|---|--|---|--|--|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE JEFFERSON b. COUNTY MO. c. CITY OR TOWN HILLSBORO | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HILLSBORO (CENTRAL) | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN HILLSBORO | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT. # 2 | | | Length of stay in lb UNK. | | d. STREET ADDRESS (If outside, give location) RT. # 2 ON GOLDMAN | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First ELIZABETH Middle - Last HECK | | | | 4. DATE OF DEATH Month JUNE Day 14 Year 1958 | | | | | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH OCT. 14 1889 | | 9. AGE (In years last birthday) 68 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | | | 10b. KIND OF BUSINESS OR INDUSTRY - | | 11. BIRTHPLACE (City and state or country) ST. LOUIS MO. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME JAMES (UNK) | | | | 14. MOTHER'S MAIDEN NAME (UNK) GALLAGHER | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | | 16. SOCIAL SECURITY NO. UNK. | | 17. INFORMANT JOSEPH HECK 10,000 CAROLYNE ST. ST. LOUIS MO. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Hypertensive Heart Disease DUE TO (c) 4201 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 1 hr. ? | |
| 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 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 1956 to 1958 and last saw her alive on June 12, 1958 . Death occurred at 1:42 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) R. E. Siemko De Sales | | | | 22b. ADDRESS | | | | 22c. DATE SIGNED 6-16-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE JUNE 18, 58 | | 23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS | | 23d. LOCATION (City, town, or county) ST. LOUIS, MO. | | (State) | |
| 24. FUNERAL DIRECTOR JOHN L. ZIEGENHEIN & SONS | | | | 25. DATE RECD. BY LOCAL REG. 6-20-58 | | 26. REGISTRAR'S SIGNATURE Olata B. ... | | | |

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 24 1958

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... *Donnell B. Deeter*

Licensed Embalmer No. *1410*

P. O. Address. *Delet*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.