Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023376
STATE FILE NUMBER 5266

FILED JUN 16 1958 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 St. Louis
b. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Lemay 4870 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge — Length of stay in Ib 11 days	d. STREET ADDRESS (If outside, give location) 944 Regina — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Margaret	Middle	Last Heitz		4. DATE OF DEATH Month May Day 16 Year 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Oct. 25, 1890	9. AGE (In years on last birthday) 67	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Montgomery Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edw. Morehead	13b. MOTHER'S MAIDEN NAME Anna Nolan			14. NAME OF HUSBAND OR WIFE Walter Heitz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 492-20-9349	17. INFORMANT Walter Heitz- 944 Regina, Lemay Mo.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Biliary & Hepatic cirrhosis
DUE TO (b) acute pericarditis
DUE TO (c) infection & diabetes mellitus

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) 260X

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 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 6 May 58, to 16 May 58 and last saw her/him alive on May 16 1958
Death occurred at 9:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gene B. Starkloff (Degree or title) M.D. — 22b. ADDRESS 100 N. Euclid St. Louis — 22c. DATE SIGNED 5/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE 5/21/58 — 23c. NAME OF CEMETERY OR CREMATORY National Cem. — 23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.

24. FUNERAL DIRECTOR Ferndale Und. Co. ADDRESS 7420 Michigan — 25. DATE RECD. BY LOCAL REG. MAY 19 58 — 26. REGISTRAR'S SIGNATURE Jeal Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

G. D. Stanbloff
100 N. Velid.

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Miss

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.