. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030505
STATE FILE NUMBER 8455

FILED SEP 11 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
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 4929 Odell Ave. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2159 3625a Taft Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Ida	Middle:	Last: Heeb	4. DATE OF DEATH Month Day Year: Sept. 1, 1958
5. SEX: Female /	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]	8. DATE OF BIRTH: Jan. 2, 1894
9. AGE (In years last birthday): 64	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): Housekeeping	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (City and state or country): St.Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: -------- Albrecht	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: John A. Heeb	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -------	16. SOCIAL SECURITY NO.: 489-20-5629	17. INFORMANT Address: Edward Lombardo - 3625a Taft Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) arteriosclerotic myocarditis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) generalized arteriosclerosis

DUE TO (c) 422.1

INTERVAL BETWEEN ONSET AND DEATH

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 [ ] NO [X] 2

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 11-6-57, to 9-1-58 and last saw her/him alive on 8-9-58

Death occurred at 2:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A.T. Merkemmp	22b. ADDRESS: 3502 Paloma	22c. DATE SIGNED: 9-2-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Sept.4,1958	23c. NAME OF CEMETERY OR CREMATORY: National Cemetery	23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR ADDRESS: WACKER-HELDERLE-3634 Gravois Ave.	25. DATE RECD. BY LOCAL REG.: SEP 2 '58	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. F.B.	

(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.

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 Felix J. Krispin

Licensed Embalmer No. 349

P. O. Address St. Louis

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.