

Health, Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042638  
STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 312 Primary Registration District No. 547 Registrar's No. 3113

300  
-57

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KIRKWOOD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ROCK TOWNSHIP 0500</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH</b>		Length of stay in 1b <b>TWO WEEKS</b>	d. STREET ADDRESS (If outside, give location) <b>IMPERIAL RURAL ROUTE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>ELVIRA A HEIMOS</b>			4. DATE OF DEATH Month Day Year <b>NOV. 27 1958</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 1927</b>	9. AGE (In years last birthday) <b>31</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>	11. BIRTHPLACE (City and state or country) <b>IMPERIAL MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>GERARD BECKER</b>	13b. MOTHER'S MAIDEN NAME <b>SELMA KOHLER</b>	14. NAME OF HUSBAND OR WIFE <b>NORBERT HEIMOS</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>NORBERT HEIMOS IMPERIAL MO</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adrenine</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Crythemine Multiforme</b>	
	DUE TO (c) <b>7051</b>	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <b>2</b>
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20c. TIME OF INJURY Hour 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 <b>IMPERIAL MO</b>	COUNTY <b>JEFFERSON</b>	STATE <b>MO</b>
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21. I attended the deceased from <b>1/12/58</b> to <b>1/1/27/58</b> and last saw her give on <b>1/1/27/58</b> Death occurred at <b>5:15 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22. SIGNATURE (Degree or title) <b>Charles R. Bronside M.D.</b>	22b. ADDRESS <b>206M. Clay Kirkwood</b>	22c. DATE SIGNED <b>1/1/28/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>NOV 28 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. JOSEPH CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KIMMSWICK MO</b>
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24. FUNERAL DIRECTOR <b>HEILIGTAG IMPERIAL MO</b>	25. DATE RECD. BY LOCAL REG. <b>11-28-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert B. Dombrowski</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 11 1958

DEC 11 1958

DEC 18 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 *Elmer A. Ligtag* .....

Licensed Embalmer No. 3571

P. O. Address *Imperial* .....

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.