

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007206

STATE FILE NUMBER

2 1575

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

FILED MAR 9 1959

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Sappington 4840	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		d. STREET ADDRESS #6 Oleander Dr.	
3. NAME OF DECEASED (Type or print) George A. Heimos		4. DATE OF DEATH Month Feb. Day 11 Year 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 4, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner, Produce Co.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Heimos		13b. MOTHER'S MAIDEN NAME Mary Loung	14. NAME OF HUSBAND OR WIFE Elizabeth Heimos
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) yes		16. SOCIAL SECURITY NO. World War I	17. INFORMANT Sappington, Mo. Elizabeth Heimos 6 Oleander Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Liver Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Lanette's Curkhoris DUE TO (c) 581.1			INTERVAL BETWEEN ONSET AND DEATH 2 weeks 10 yrs
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? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) X	
20c. TIME OF INJURY Hour 9:00 Month, Day, Year a.m. Feb 11 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 15 '59 to Feb 11 and last saw him alive on Feb 11 1959 Death occurred at 422 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George A. Heimos M.D.		22b. ADDRESS 950 Francis Pl	
22c. DATE SIGNED 2/12/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2-14-59	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. FEB 14 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D. mdb			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

vector, coroner, etc., may be causally related.

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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 *David Van Fossan*

Licensed Embalmer No. *4242*
P. O. Address *St. Louis Mo*

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.