THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007988
STATE FILE NUMBER

Filed MAR 2 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 420

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Koch, Missouri — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Robert Koch Hosp — Length of stay in 1b: 14 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1606 South Broadway — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Johanna Middle: Mary Last: Heisner
4. DATE OF DEATH: Month: February Day: 10 Year: 1959
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-15-01
9. AGE (In years last birthday): 57 — 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): nil
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: John Beck
14. MOTHER'S MAIDEN NAME: Anna Pusig
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.: 492-24-7723
17. INFORMANT: Records of Robert Koch Hospital — Address

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): Cirrhosis (Hemorrhage from oesophageal varices)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchopneumonia
DUE TO (c): 581.0
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 ☐
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 1-27-59, to 2-10-59 and last saw her ~~him~~ alive on 2-10-59
Death occurred at 9:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Ellis S. Lipsey (Degree or title) M.D.
22b. ADDRESS: Robt. Koch Hosp., Koch, Mo.
22c. DATE SIGNED: 2-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal, 1959
23b. DATE: Feb.13,1959
23c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery
23d. LOCATION (City, town, or county) (State): 1215 Lemay Ferry Rd. Lemay, Mo.
24. FUNERAL DIRECTOR: C.Hoffmeister Mortuaries — ADDRESS: 7814 S.Broadway
25. DATE RECD. BY LOCAL REG.: 2-13-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Rice E Branso

Licensed Embalmer No. 4

P. O. Address St Lou

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.