

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011769

STATE FILE NUMBER

FILED APR 14 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 905

1. PLACE OF DEATH a. COUNTY St. Louis		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 Florissant		c. CITY OR TOWN Florissant 4051	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 216 Elmdale Ct.		d. STREET ADDRESS 216 Elmdale Ct.	
Length of stay in lb 59 years		(If outside, give location) Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Frank Middle Heinle Last Heinle			4. DATE OF DEATH Month April Day 2nd Year 1959		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1900		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) window trimmer		10b. KIND OF BUSINESS OR INDUSTRY window trimmer		11. BIRTHPLACE (City and state or country) St. Louis Missouri	
13. FATHER'S NAME Andrew Heinle			14. MOTHER'S MAIDEN NAME Anna Schwartz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 22nk		17. INFORMANT Gerald Heinle 216 Elmdale Ct.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema + pleural effusion			INTERVAL BETWEEN ONSET AND DEATH 2 mo.
DUE TO (b) Cirrhosis of liver + hepatic failure			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5810			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.)		
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 St. Louis COUNTY _____ STATE _____			

21. I attended the deceased from 5/13/53 to 4/2/59 and last saw him alive on 3/24/59 Death occurred at 11:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated					
22a. SIGNATURE (Degree or title) J.C. Keebrich MD			22b. ADDRESS 111 Church St Ferguson		22c. DATE SIGNED 4/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 4-6-1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri		
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24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. 4-3-59	26. REGISTRAR'S SIGNATURE Paul M. Muehle		
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(Licensed Embalmer's Statement on Reverse Side)

Health, welfare, police, fire, etc.

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

111
CHURCH
ST

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas Williams*

Licensed Embalmer No. *3*

P. O. Address *3840*

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.