THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015099

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4071

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4048 Winnebago St. — Length of stay in 1b: Unknown

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): 4048 Winnebago — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: EMELIA Middle: LOUISA Last: HEIN

4. DATE OF DEATH Month: April Day: 23, Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: December 15, 1886

9. AGE (In years last birthday): 72 — 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): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Beaufort, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Tessmer

13b. MOTHER'S MAIDEN NAME: Sophie Fechter

14. NAME OF HUSBAND OR WIFE: Frank J. Hein

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.: None

17. INFORMANT Address: Mrs. Edward Lampe, 4048 Winnebago Avenue

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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 2 mo
DUE TO (c) 420.1
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]

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 Feb 16 59, to April 23 59 and last saw her/him alive on April 1 59
Death occurred at 4:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D.

22b. ADDRESS: 3701 Grandel Sq

22c. DATE SIGNED: 4-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: April 27, 1959

23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Beiderwieden F.H.Inc. , 1936 St. Louis

25. DATE RECD. BY LOCAL REG.: APR 27 '59

26. REGISTRAR'S SIGNATURE: [illegible] Smith, M.D.

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 .....

Licensed Embalmer No. 4520

P. O. Address .....

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.