THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015101

STATE FILE NUMBER

FILED MAY 6 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 3719

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis, — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Chronic Hosp. — Length of stay in 1b 28 days	d. STREET ADDRESS (If outside, give location) 3340 S. Compton Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Herman	Middle:	Last: Heinzelmann.	4. DATE OF DEATH	Month: April Day: 13 Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug 6, 1880	9. AGE (In years last birthday): 78	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): Retired sheet metal	10b. KIND OF BUSINESS OR INDUSTRY: worker	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Adolph Heinzelmann	13b. MOTHER'S MAIDEN NAME: Anna	14. NAME OF HUSBAND OR WIFE: None	
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.: 488-10-6453	17. INFORMANT: Pauline Pollack	Address: 3340 S Compton

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — 4 mths.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) Generalized Arteriosclerosis — 4 mths.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

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 March 16, 1959, to April 13, 1959 and last saw her/him alive on April 13, 1959. Death occurred at 11,20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John W. Beckham, M.D. (Degree or title)	22b. ADDRESS: 5800 Arsenal	22c. DATE SIGNED: 4/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: April 16 1959	23c. NAME OF CEMETERY OR CREMATORY: New Pickers Cem	23d. LOCATION (City, town, or county): St Louis	(State): Mo.
24. FUNERAL DIRECTOR: Thomas Lutis	ADDRESS: 2906 Gravois	25. DATE RECD. BY LOCAL REG.: APR 15 '59	26. REGISTRAR'S SIGNATURE: Earl 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 embalme

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3403

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.