

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022698

STATE FILE NUMBER

2 4684

FILED JUN 19 1959 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OVERLAND 423X Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LUKES		Length of stay in 1b 19 DAYS	d. STREET ADDRESS (If outside, give location) 9537 MIDLAND Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First HARRY	Middle GEORGE	Last BOB	4. DATE OF DEATH	Month 5	Day 11	Year 59
--	--------------------	----------------------	-----------------	------------------	----------------	---------------	----------------

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV 23 1987	9. AGE (In years last birthday)	Months 71	IF UNDER 1 YEAR	IF UNDER 24 HRS.
-----------------------	----------------------------------	--	--	---------------------------------	------------------	-----------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIRE WAYER	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	--	---

13. FATHER'S NAME JOHN E BOB	14. MOTHER'S MAIDEN NAME ANNA HEUER
--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 488-01-0503A	17. INFORMANT MARIE BOB 9537 MIDLAND
---	--	--

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary of heart		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	1 yr
	DUE TO (c) Hypertension	3 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 581-D		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 5:11 a. m. Month, Day, Year 5-11-59	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 WEBBSTON MO	COUNTY	STATE
---	--	---	--	--------	-------

21. I attended the deceased from June 1954 , to 5-11-59 and last saw her alive on 5-11-59 Death occurred at 6:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature]	(Degree or title) 0	22b. ADDRESS 2438 Woodson Rd	22c. DATE SIGNED 5-13-59
--------------------------------------	----------------------------	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-14-59	23c. NAME OF CEMETERY OR CREMATORY ST. PETERS	23d. LOCATION (City, town, or county) (State) WEBBSTON MO
--	-----------------------------	---	---

24. FUNERAL DIRECTOR EARL HILFEMAN OVERLAND MO	ADDRESS	25. DATE RECD. BY LOCAL REG. MAY 14 '59	26. REGISTRAR'S SIGNATURE [Signature]
--	---------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00
56
33
2

th,
lfare
lic
vice

MEDICAL CERTIFICATION

00
56
33
2

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 *Garrett Helleman*.....

Licensed Embalmer No. *250*.....

P. O. Address *Orland*.....

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.