

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026749

FILED VS AUG 13 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7254** STATE FILE NUMBER

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		Length of stay in 1b Lifetime	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2005 Arsenal St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2005 Arsenal St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First **Dora** Middle Last **Heun** 4. DATE OF DEATH Month **August** Day **3** Year **1959**

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/11/80	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 1 Days 22	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dress Fitter	10b. KIND OF BUSINESS OR INDUSTRY Retail Clothing	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME **Jacob Heun** 13b. MOTHER'S MAIDEN NAME **Anna Reutermann** 14. NAME OF HUSBAND OR WIFE

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. **489-05-4358 A** 17. INFORMANT Address **Anna Heun 2005 Arsenal St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral Occlusion**
DUE TO (b) **Senile Arterio-Sclerosis**
DUE TO (c) **420.1**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown
INTERVAL BETWEEN ONSET AND DEATH
5 months
5 years

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 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 **July 31, 1959** to **August 3, 59** and last saw her alive on **Aug. 2, 59**
Death occurred at **11:45 p.m.** of the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Jeleni E. Natta M.D.** (Degree or title) 22b. ADDRESS **2603 Sherbrooke St** 22c. DATE SIGNED **8.4.59.**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **8/6/59** 23c. NAME OF CEMETERY OR CREMATORY **SS. Peter & Paul Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

24. FUNERAL DIRECTOR **Gebken Sons** ADDRESS **2630 Gravois Ave.** 25. DATE RECD. BY LOCAL REG. **AUG 5 '59** 26. REGISTRAR'S SIGNATURE **Earl Smith. M.D.**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

4.0

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3362

P. O. Address St. Louis

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