URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-041967

FILED VS DEC 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 211070 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

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 St. Louis — Length of stay in 1b 3 days

c. CITY OR TOWN Charlack — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 8601 Argyle Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mary Middle Westall Last Heys

4. DATE OF DEATH Month November Day 28, Year 1959

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6-25-67

9. AGE (last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Oswaldtwistell, Eng.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Westall

13b. MOTHER'S MAIDEN NAME Mary Ann Crowther

14. NAME OF HUSBAND OR WIFE William J. Heys, dec'd.

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 Beatrice E. Heys, Address 8601 Argyle Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 1 yr

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

DUE TO (b) Fracture rt shoulder & hip & pelvis — 2 days

DUE TO (c)

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

11/30/59

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.) Fell at home

20c. TIME OF INJURY ? Hour a.m. p.m. Month, Day, Year 11-27-59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 35

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION St Louis Co — COUNTY — STATE Mo.

21. I attended the deceased from 6-8-57, to 11-28-59 and last saw her alive on 11-28-59

Death occurred at 1:25 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Henry W. Moller MD

22b. ADDRESS 2438 Woodson Rd Overland, Mo.

22c. DATE SIGNED 11/30/59

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

23b. DATE 12-1-1959

23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery

23d. LOCATION (City, town, or county) St. Ann, Missouri (State)

24. FUNERAL DIRECTOR Baumann Bros. Inc. ADDRESS 2504 Woodson Rd. Overland, Mo.

25. DATE RECD. BY LOCAL REG. NOV 30 1959

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MPB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed David E. Gibson

Signature of Student Embalmer

Licensed Embalmer No. 3452

P. O. Address Overland

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