

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-012697

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis				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, Missouri		Length of stay in 1b unknown		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 #10 North 10th St.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rex Hotel, #10 N. 10th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ERNEST Middle _____ Last HELLER				4. DATE OF DEATH Month February Day 19 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH unknown	9. AGE (last birthday) 86		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) Veterinary			10b. KIND OF BUSINESS OR INDUSTRY Veterinary Medicine		11. BIRTHPLACE (City and state or country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Mathias Heller, dec'd.			13b. MOTHER'S MAIDEN NAME Anna Braun Heller, dec'd.			14. NAME OF HUSBAND OR WIFE Pearl Henderson Heller, dec'd.			
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. not known		17. INFORMANT Ernest Heller, son, Address 1320 East 6th Sedalia, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of chest DUE TO (b) _____ DUE TO (c) 976x 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in PART I or PART II or item 18) shot & injured in chest					
20c. TIME OF INJURY Hour 3 a.m. _____ p.m. _____ Month, Day, Year 2 1960		20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office, field, etc.) Hotel						20f. CITY, TOWN, OR LOCATION St. Louis Mo.	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at 1045P on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Registral or title) Kathleen E. Taylor Corcoran				22b. ADDRESS 1300 Clark Ave			22c. DATE SIGNED 3/9/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/8/60	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		23d. LOCATION (City, town, or county) (State) Sedalia, Missouri				
24. FUNERAL DIRECTOR Duane Ewing			ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. MAR 9 1960		26. REGISTRAR'S SIGNATURE Lois Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

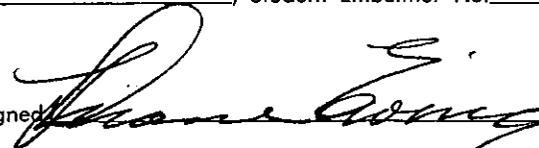
BY AFFIDAVIT OF

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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  _____
Licensed Embalmer No. _____
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.