

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 24 1960

2 2727 60-012711  
STATE FILE NUMBER

4-1-60  
 in front of home  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF physician  
 On east side of Arkansas Ave  
 20e

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>50 yrs.</b>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3430a McKean</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3430a McKean Avenue</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MINNIE</b> Middle <b>HEUBLEIN</b> Last			4. DATE OF DEATH Month <b>March</b> Day <b>5</b> Year <b>1960</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/4/1887</b>
9. AGE (last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>Columbia, Illinois</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Edward Schoening</b>	
13b. MOTHER'S MAIDEN NAME <b>Lena unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Richard Heublein</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-12-9239</b>	17. INFORMANT Address <b>Walter R. Heublein, 3430a McKean Avenue</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Complete fracture of right femur. Rheumatic heart disease.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>Fell on east side of Arkansas Ave. between McKean and Utah Sts.</b>
20c. TIME OF INJURY Hour <b>?</b> a.m. p.m.	Month, Day, Year <b>1-20-1960</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>16 In front of home Arkansas Ave St. Louis, Mo.</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo.</b>	
21. I attended the deceased from <b>June 26, 1947</b> to <b>March 5, 1960</b> and last saw her him alive on <b>Feb. 24, 1960</b> Death occurred at <b>8:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>S. Schmitz M.D.</i>		22b. ADDRESS <b>2730 Watson Rd. 39</b>	22c. DATE SIGNED <b>3-7-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>Mar. 9, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Chapel of Memories</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR <b>BEIDERWIEDEN F.H. INC.</b>		ADDRESS <b>1936 St. Louis Ave</b>	25. DATE RECD. BY LOCAL REG. <b>MAR 8 1960</b>
26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>			

Dr. Sam Schultze  
2730 Watson Ave.

Mi 7-5150

96-3-5-85-8

2-56 form manual

**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 Harmer H. Fritz

Licensed Embalmer No. 3880

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.