

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017317

FILED VS APR 18 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 3583** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4100 Pennsylvania		d. STREET ADDRESS (If outside, give location) 4100 Pennsylvania	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Bertha Middle Schray Last			4. DATE OF DEATH Month Mar. Day 29 Year 1960
5. SEX Female	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 Aug. 15, 1879
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months 7 Days 14	IF UNDER 24 HR Hours 14 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) St. Louis, Missouri
13a. FATHER'S NAME Frederich Heimburger		13b. MOTHER'S MAIDEN NAME Katherine Zoelzer	12. CITIZEN OF WHAT COUNTRY U.S.A.
14. NAME OF HUSBAND OR WIFE Julius (Deceased)		17. INFORMANT William Heimburger 2108 Gravois	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Pneumonia. DUE TO (b) Hypertensive Heart Disease. DUE TO (c) 443X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 days. 2 yrs.
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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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		COUNTY STATE	
21. I attended the deceased from 3:27.50 to 3:28.00 and last saw her 3:28.00 alive on _____ Death occurred at 3:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. H. Koch M.D.		22b. ADDRESS 1804 P. Howard	
22c. DATE SIGNED 3.29.60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar. 31, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Paul Church Yard	23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.
24. FUNERAL DIRECTOR Schumacher's 3013 Meramec St.		25. DATE RECD. BY LOCAL REG. MAR 29 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. m 98

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DR. BECK

GRAND

PR. 6-1600

3:00 & 4:00

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 _____

Jack Haupt

Licensed Embalmer No. 478

P. O. Address St. Paul

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.