

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021039

FILED VS MAY 23 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 4486** STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS			Length of stay in 1b 3 WKS		c. CITY OR TOWN MEHLVILLE
c. FULL NAME OF HOSPITAL OR INSTITUTION ST ANTHONY HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt-8-Box 1685
3. NAME OF DECEASED (Type or print) First Middle Last FRANK F. HEIMOS JR.			4. DATE OF DEATH Month Day Year APRIL - 24 - 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH FEB-14-1922	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months Days Hours Min. 2 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOISTING ENG.		10b. KIND OF BUSINESS OR INDUSTRY WINTER BRAS GRAVING		11. BIRTHPLACE (City and state or country) ST LOUIS MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME FRANK J. HEIMOS		13b. MOTHER'S MAIDEN NAME MILDRED ROEDIGER	
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 NONE		16. SOCIAL SECURITY NO. 489-28-2382	
17. INFORMANT MILDRED HEIMOS		Address Rt-8-Box 1685 MEHLVILLE 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) Multiple pulmonary infarcts		DUE TO (b) Multiple cerebral emboli, left		DUE TO (c) Rheumatic heart disease; mitral stenosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		Interval between onset and death 5 days		2 wks.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410 X		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 410 X	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 April 6, '60 to April 24, '60 and last saw him alive on April 24, '60 Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.			22b. ADDRESS 7629 Ivory Ave.		22c. DATE SIGNED 4-25-60
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
REMOVAL	Apr-27-1960	ASSUMPTION Cem		MEHLVILLE MO	
24. FUNERAL DIRECTOR Fey Funeral Home, MEHLVILLE MO		25. DATE RECD. BY LOCAL REG. APR 26 1960		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *[Handwritten Signature]*

Licensed Embalmer No. 432

P. O. Address St. Louis

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.