URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 12 1960

60-028407

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7401

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 6 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4921 Ashby
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4921 Ashby
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CARL Middle: E. Last: HEINEMANN
4. DATE OF DEATH: Month: July Day: 24 Year: 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/30/1907
9. AGE (last birthday): 52 years
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): Candy Maker
10b. KIND OF BUSINESS OR INDUSTRY: Food
11. BIRTHPLACE (City and state or country): St. Louis
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles E. Heinemann
13b. MOTHER'S MAIDEN NAME: Rose Kornett
14. NAME OF HUSBAND OR WIFE: Mary Heinemann
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.: 489-05-9209
17. INFORMANT: Mary Heinemann
Address: 4921 Ashby

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coarctation of the aorta — INTERVAL BETWEEN ONSET AND DEATH: lifetime
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 754.6
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Renal insufficiency
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Dec. 1957, to present and last saw him alive on 7-23-60
Death occurred at approx. 4 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. W. Maxwell (Degree or title): MD
22b. ADDRESS: 4500 Olive St.
22c. DATE SIGNED: 7-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: July 27, 1960
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county): St. Louis (State): Missouri

24. FUNERAL DIRECTOR: BUCHHOLZ MORT. ADDRESS: 5967 W. Florissant Ave.
25. DATE RECD. BY LOCAL REG.: JUL 26 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.
MDS.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Gustav W. Seit

Signature of Student Embalmer

Licensed Embalmer No. 43

P. O. Address St Louis

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