

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS SEP 6 1960

844-60-032312
 STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

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 1 Mo.		c. CITY OR TOWN Kirkwood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton Conv. Center				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 800 S. Geyer Rd.,	
3. NAME OF DECEASED (Type or print) First JOHN Middle H. Last HEIMBURGER				4. DATE OF DEATH Month August Day 25 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 4/17/77	
9. AGE (last birthday) 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Merchant		9. AGE (last birthday) 83	
11. BIRTHPLACE (City and state or country) St. Louis County, Mo.				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John Heimburger				13b. MOTHER'S MAIDEN NAME Margaret Rott		14. NAME OF HUSBAND OR WIFE Flora Heimburger, 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. None		17. INFORMANT John Heimburger, 8862 Glen Rose, St. Louis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukosarcoma leukosarcoma DUE TO (b) _____ DUE TO (c) _____ 200.2 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 type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH months	
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 _____ 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 7-1-60 to 8-25-60 and last saw her alive on Aug 2-60 Death occurred at 6:30 P.M. evening 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John M. Cary (Degree or title) <i>John M. Cary MD</i>				22b. ADDRESS 600 S. Kingshighway 600 S. Kingshighway St. Louis		22c. DATE SIGNED 8-27-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/29/60		23c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery		23d. LOCATION (City, town, or county) (State) Sappington, Mo.	
24. FUNERAL DIRECTOR Louis H. Bopp, Inc. Kirkwood ADDRESS				25. DATE RECD. BY LOCAL REG. AUG 29 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

164107

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Francis J. [Signature]*

Licensed Embalmer No. 457

P. O. Address Highway

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