

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036968

FILED SEP 19 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2643 STATE FILE NUMBER

NDED

9-23-60

DOCUMENT deceased's birth record

55

MEDICAL CERTIFICATION
BY AFFIDAVIT OF funeral director

9

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Normandy</u>		Length of stay in lb <u>2 days</u>		c. CITY OR TOWN <u>Spanish Lake</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1541 Doris Drive</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Harvey D. Heanes</u>				4. DATE OF DEATH Month Day Year <u>September 6, 1960</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-19-1905</u>		9. AGE (last birthday) <u>55-54</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Credit Manager</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Famous Barr Co.</u>		11. BIRTHPLACE (City and state or country) <u>Nashville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>James A. Heanes</u>				13b. MOTHER'S MAIDEN NAME <u>Antionette Stienkemeyer</u>				14. NAME OF HUSBAND OR WIFE <u>Louise Heanes</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>348-05-4853</u>		17. INFORMANT Address <u>Mrs. Louise Heanes, 1541 Doris Drive</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Saddle embolus in the pulmonary artery</u>										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)								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 checked="" 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.) <u>Subject fell 2 days prior to death, sustaining ruptured urinary bladder and fractured pelvis</u>									
20c. TIME OF INJURY Hour a.m. <input checked="" type="checkbox"/> p.m. <u>9/4/60</u>		Month, Day, Year											
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.) <u>garage attached to home</u>		20f. CITY, TOWN, OR LOCATION <u>Spanish Lake</u>		COUNTY <u>St. Louis</u>		STATE <u>Missouri</u>					
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>2:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>James H. Hand</u> Coroner								22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED <u>9/13/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9-9-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hiram Park Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>					
24. FUNERAL DIRECTOR ADDRESS <u>Math Hermann & Son, Inc. 2161 E. Fair Ave.</u>				25. DATE RECD. BY LOCAL REG. <u>9-7-60</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>							

SEP 23 1960

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 Jeffrey H. Burnley

Licensed Embalmer No. 4207

P. O. Address St. Louis

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