MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-010956
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3293

AMENDED

FILED APR 14 1961

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3403 Brannon Ave.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LLOYD Middle W. Last HEICHELBECK
4. DATE OF DEATH: Month Apr. Day 5 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-3-1916
9. AGE (last birthday): 45
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): Punch Press Operator-Century Electric Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William A. Heichelbeck
13b. MOTHER'S MAIDEN NAME: Marceline R. Felley
14. NAME OF HUSBAND OR WIFE: Margaret M. Heichelbeck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
17. INFORMANT: Margaret M. Heichelbeck Address: 3403 Brannon Ave.

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) Terminal Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
adenocarcinoma of rectum
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Adeno Carcinoma Rectum — 1 yr.
DUE TO (c) 154X
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. ☐ 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 6-25-60, to 4/5/61 and last saw her/him alive on 4/5/61
Death occurred at 11:30 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Paul Lacombe MD
22b. ADDRESS: 5203 Chippewa St Louis Mo
22c. DATE SIGNED: 4/7/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Apr. 8, 1961
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR: Kriegshauser ADDRESS: 4228 S. Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG.: APR 7 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. W. Storsand

Signature of Student Embalmer

Licensed Embalmer No. 4007

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.