MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-022663

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5970

FILED JUL 7 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO, b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b 9 hours

c. CITY OR TOWN Ferguson — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Luke's Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 709 Risdon Drive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ANNA Middle HEINE Last

4. DATE OF DEATH Month June Day 25, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 1/21/1876

9. AGE (last birthday) 85 — 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) Housweife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) New Minden, Illinois

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Kottmeyer

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE C.W.Heine (deceased)

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. None

17. INFORMANT Charlotte Heine Address 709 Risdon Drive

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) ruptured abdominal aorta aneurysm. — INTERVAL BETWEEN ONSET AND DEATH 3yrs. 8 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) generalized arteriosclerotic cardiovascular-renal disease. 442 x — indefinite

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. ☐ 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 January, 1952, to June 25, 1961 and last saw her/him alive on June 24, 1961

Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Russell Chufderstede, M.D.

22b. ADDRESS 216 Northland Medical Bldg.

22c. DATE SIGNED 6-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6/28/1961

23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, MO.

24. FUNERAL DIRECTOR SUEDMEYER & SON'S ADDRESS 3934 N. 20th Street

25. DATE RECD. BY LOCAL REG. JUN 27 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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_____
Signature of Student Embalmer

Signed Elmo R. Sadwell

Licensed Embalmer No. 4077

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.