

Filed for Digital No. 7-196818 Primary Registration District No. 1003 Registrar's No.

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 4 Days | c. CITY OR TOWN St. Ann, Inside Limits Yes # No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital | | Inside Limits Yes # No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm 10332 Little Flower Ln. Yes <input type="checkbox"/> No #/## |
| 3. NAME OF DECEASED (Type or print) First Middle Last George Edward Heisler | | | 4. DATE OF DEATH June 25, 1961 Month Day Year |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/1/1893 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer | | 10b. KIND OF BUSINESS OR INDUSTRY Printing | 9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. |
| 11. BIRTHPLACE (City and state or country) New Mexico | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Frederick Heisler | | 13b. MOTHER'S MAIDEN NAME Eliza Ball | 14. NAME OF HUSBAND OR WIFE Ella M. Heisler |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I | | 16. SOCIAL SECURITY NO. W.W. I | 17. INFORMANT Address Ella M. Heisler 10332 Little Flower |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary emboli thrombophlebitis (extremities) thrombophlebitis of extremities DUE TO (b) 463XH DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) bronchopneumonia bronchopneumonia adenocarcinoma of lungs adenocarcinoma lungs | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 6/22/61 to 6/25/61 and last saw him alive on 6/25/61 Death occurred at 2:03 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Albert Oberman (Degree or title) M.D. Albert Oberman M.D. | | 22b. ADDRESS 216 S. Kingshighway 216 S. Kingshighway | 22c. DATE SIGNED 6/26/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6/28/61 | 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery | 23d. LOCATION (City, town, or county) St. Louis County Mo. (State) |
| 24. FUNERAL DIRECTOR ADDRESS Collier Mortuary, St. Ann, Mo. | | 25. DATE RECD. BY LOCAL REG. JUN 26 1961 | 26. REGISTRAR'S SIGNATURE Road 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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann.

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.