

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023470

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1693

AMENDED

FILED JUL 5 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights Length of stay in 1b YRS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8714 Antler Dr. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Richmond Heights Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 8714 Antler Dr. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First JOSEPH Middle F Last HEIDOLPH 4. DATE OF DEATH Month June Day 17 Year 1961
 5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/7/1902 9. AGE (last birthday) 58
 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) loan manager 10b. KIND OF BUSINESS OR INDUSTRY Amer United Life Co 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME Frederick Heidolph 13b. MOTHER'S MAIDEN NAME Bertha Karg 14. NAME OF HUSBAND OR WIFE Viola
 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. 17. INFORMANT. Address Viola Heidolph 8714 Antler Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
 DUE TO (b) Coronary arteriosclerosis 1 yr.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 March 10, 1960 to June 17, 1961 and last saw him alive on May 23, 1961
 Death occurred at 5:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Silverberg, M.D. 22b. ADDRESS 9901 Gravois Ave. 22c. DATE SIGNED 6/17/61

23. BURIAL, CREMATION, REMOVAL (Specify) EMERALD 23b. DATE 6/19/1961 23c. NAME OF CEMETERY OR CREMATORY New St Marcus Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
 24. FUNERAL DIRECTOR John L Ziegenhein & Sons ADDRESS 7027 Gravois 25. DATE RECD. BY LOCAL REG. 6-19-61 26. REGISTRAR'S SIGNATURE John B. Mayfield 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 Donald B. Berry

Licensed Embalmer No. 4863

P. O. Address St. Louis, Mo.

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.