

AMENDED 318 1003 6659 -61-026883
 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6659 STATE FILE NUMBER

FILED JUL 26 1961

1. PLACE OF DEATH a. COUNTY Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Mo		Length of stay in 1b 2-Months	c. CITY OR TOWN St Louis Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3115 S. Grand
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Rev Aloysius Middle J. Last Heeg. S.J.			4. DATE OF DEATH Month 7 Day 15 Year 61		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-1-1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Michigan City Ind	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Heeg	13b. MOTHER'S MAIDEN NAME Frances Heim	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Rev McFarline Address 3115 S. Grand Ave
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Adenoviruses of Transmem Colon	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>C distant metastasis.</i>	
	DUE TO (c)	153.1

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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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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
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21. I attended the deceased from **May 26 1961** to **July 15 1961** and last saw her **July 14 1961** alive on **July 14 1961**
 Death occurred at **10 - AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. Leahy M.D.	22b. ADDRESS 950 Francis Place	22c. DATE SIGNED JUL 17 1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-18-1961	23c. NAME OF CEMETERY OR CREMATORY St Stanislaus Seminary	23d. LOCATION (City, town, or county) (State) Florissant Mo
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24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd	25. DATE RECD. BY LOCAL REG. JUL 17 1961	26. REGISTRAR'S SIGNATURE Paul Smith M.D.
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 STATE AMENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 _____
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 4699

P. O. Address 3840 [Handwritten]

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.