

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016865

318

1003

4297

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4297

FILED MAY 1 1962

VS 300
Rev. 4/59

1

3

4 0

5 1

6

7 1

8 2

9

10

11

12 69-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>4 days</u>	c. CITY OR TOWN <u>Columbia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Little Rock Hospitals, Inc.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>115 West Wierschem</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>August</u> Middle <u>_____</u> Last <u>Heise</u>		4. DATE OF DEATH Month <u>April</u> Day <u>24</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-12-1887</u>
9. AGE (last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>_____</u> Days <u>_____</u>	IF UNDER 24 HR Hours <u>_____</u> Min. <u>_____</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pensioned Carman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Monroe County Illinois</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>August Heise</u>	
13b. MOTHER'S MAIDEN NAME <u>Maria Loeffholz</u>		14. NAME OF HUSBAND OR WIFE <u>Wife- Edna</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO. <u>_____</u>	
17. INFORMANT <u>Edna Heise</u>		17b. Address <u>115 W. Wierschem Columbia, Illinois</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of lung</u> DUE TO (b) <u>_____</u> DUE TO (c) <u>163x</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Submonary Infarct</u>			18b. INTERVAL BETWEEN ONSET AND DEATH <u>_____</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>_____</u>		20c. TIME OF INJURY Hour <u>_____</u> Month, Day, Year <u>_____</u> a.m. <u>_____</u> p.m. <u>_____</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>	
20f. CITY, TOWN, OR LOCATION <u>_____</u>		COUNTY <u>_____</u> STATE <u>_____</u>	
21. I attended the deceased from <u>Apr 20, 1962</u> to <u>Apr 24, 1962</u> and last saw him alive on <u>Apr 23, 1962</u> Death occurred at <u>3.30 A.M</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Josephine Schmidt</u> (Degree or title)		22b. ADDRESS <u>634 W. Bond - 1755 So Grand Blvd St. L (3)</u>	
22c. DATE SIGNED <u>4/25/62</u>		23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>4-27-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Barrack National</u>	
23d. LOCATION (City, town, or county) <u>St. Louis County Missouri</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Josephine Schmidt</u> ADDRESS <u>218 S. Metter</u>		25. DATE RECD. BY LOCAL REG. <u>APR 25 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Loed Smith, M.D.</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Josephine Schmitt

Licensed Embalmer No. 7075

P. O. Address Columbia, Ill.

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.