

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050238

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3781

FILED JAN 3 1964

VS 300
Rev. 4/59

1 4002

2 4036

3

4 0

5 1

6

7 0

8 2

9 795.4

10

11

12 45-3

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in 1b DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp. 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 Pine Lawn Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 6210 Lexington Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Robert Middle Joseph Last Heberer
4. DATE OF DEATH Month Dec. Day 10 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 4-21-04 9. AGE (last birthday) 59 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) Asst. Foreman
10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles R. Heberer 13b. MOTHER'S MAIDEN NAME Margaret O'Keefe 14. NAME OF HUSBAND OR WIFE Margaret Heberer

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. 6 17. INFORMANT Address 6210 Mrs. Margaret Heberer, Lexington

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown natural causes INTERVAL BETWEEN ONSET AND DEATH Unk
DUE TO (b) _____
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 _____ to _____ and last saw her/him alive on _____
Death occurred at DOA Co. Hosp. 10:21 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond H. Harris Coroner 22b. ADDRESS Clayton, Missouri 22c. DATE SIGNED 12/16/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 12-13-63 23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery 23d. LOCATION (City, town, or county) St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd. 25. DATE RECD. BY LOCAL REG. 12-12-63 26. REGISTRAR'S SIGNATURE John W. ...

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter P. Thompson

Licensed Embalmer No. 4237

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.