No. 300
10.48

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43251

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 04668

1. PLACE OF DEATH
a. COUNTY: St. St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ostepathic Hospital ~~7283 Natural Bridge~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 0-00
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 10 St. Louis Mo.
d. STREET ADDRESS (If rural, give location): A 4475 Lee Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): ----
c. (Last): Heine

4. DATE OF DEATH (Month) (Day) (Year): 12- 8 1949

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 26 1885
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months -, Days - — IF UNDER 24 HRS.: Hours -, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): St. Paul Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Albert Ungering
13b. MOTHER'S MAIDEN NAME: Hackmann
14. NAME OF HUSBAND OR WIFE: Paul Heine Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Alfred Heine Wentzville Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 18 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Use known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 20th, 19 49, *to* Dec 8, 19 49, *that I last saw the deceased alive on* Dec. 8th, 19 49, *and that death occurred at* 9:56 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. T. D. Blaylock MD
23b. ADDRESS: 1415 Salisbury St. Louis Mo
23c. DATE SIGNED: 12/8/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 19 1949
24c. NAME OF CEMETERY OR CREMATORY: St. Paul
24d. LOCATION (City, town, or county) (State): St. Paul Mo.

DATE REC'D BY LOCAL REG.: 12-13-49
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Ed Keith O'Fallon Mo.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 20 1949

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 .....
Student Embalmer

Signed E A Keithly

Licensed Embalmer No. 8 7 7

P. O. Address O'Fallon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.