

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44449

State File No.

FILED JAN 5 1954

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>11664</u>					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>3901 Potomac</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHIA</u> b. (Middle) <u>HEITMANN</u> c. (Last) <u>ROY</u>			4. DATE OF DEATH <u>DECEMBER 9, 1953</u> (Month) (Day) (Year)								
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 3, 1896</u>		9. AGE (In years last birthday) <u>57</u>	10. UNDER 1 YEAR Months Days	11. UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Public Management</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Fred Heitmann</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Moellenbeck</u>			14. NAME OF HUSBAND OR WIFE <u>Fred W. Roy</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Fred W. Roy, 3901 Potomac, St. Louis, Mo.</u>				ADDRESS			
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) <u>STATUS ASTHMATICUS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BRONCHIAL ASTHMA; INTRINSIC</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ACUTE GASTRIC DILATATION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 HOURS</u> <u>10 YEARS</u> <u>4 HOURS</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>241X</u>							
22. I hereby certify that I attended the deceased from <u>12-8</u> , 19 <u>53</u> , to <u>12-9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-9</u> , 19 <u>53</u> , and that death occurred at <u>3:15a. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>H. Bradley</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>12-9-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 11, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>						
DATE REC'D BY LOCAL REG. <u>DEC 10 1953</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u> ADDRESS <u>Colonial Mortuary, Chippewa</u>						

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

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..... *Harry J. Schenck*

Licensed Embalmer No. *2679*

P. O. Address *7814 T. Roadway*

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.