

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040319

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10014**

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 29 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8012 Delmar Blvd				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EDWINA			First V. Middle HEUMANN			Last HEUMANN			4. DATE OF DEATH Month October Day 17 Year 1962		
5. SEX female		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/16/1879		9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and state or country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME James D. Milliken				13b. MOTHER'S MAIDEN NAME Jennie McCartney				14. NAME OF HUSBAND OR WIFE Charles T. Heumann			
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. none		17. INFORMANT Address Charles T. Heumann 8012 Delmar					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema										INTERVAL BETWEEN ONSET AND DEATH 2 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) Arteriosclerotic heart disease				ink			
				DUE TO (c) Staphylococcal Septicemia				3 week			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis chronic Bronchitis								PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) 053.1							
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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	
21. I attended the deceased from 23 Sept 62 to 17 Oct 62 and last saw her alive on 17 Oct 62 Death occurred at 8:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>Clay W. Heumann M.D.</i> (Degree or title)						22b. ADDRESS 52 Mansfield Plaza			22c. DATE SIGNED 19 Oct 62		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 10/20/62		23c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum			23d. LOCATION (City, town, or county) St. Louis County Mo.			(State)	
24. FUNERAL DIRECTOR Lupton Chapel, Inc 7233 Delmar Blvd ADDRESS						25. DATE RECD. BY LOCAL REG. OCT 19 1962		26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>			

USE BLACK INK OR TYPEWRITER RIBBON

City Heumann
Dr. Ralph Gieselman
52 Maryland Plaza
Friday

10:30-2 PM
AM

RECEIVED

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 Clarinet A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.