

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-021699

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6041**

**FILED JUN 13 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1				
2 <i>223</i>				
3				
4 <i>0</i>				
5 <i>1</i>				
6				
7 <i>1</i>				
8 <i>2</i>				
9				
10				
11				
12 <i>65-0</i>				
13 <i>65</i>				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF		

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>2012 James St.</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Roy W. Heurkens</b>			4. DATE OF DEATH Month <b>June</b> Day <b>6</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/16/11</b>
9. AGE (last birthday) <b>51</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Construction Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and state or country) <b>St. Paul Minnesota</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Peter J. Heurkens</b>	
13b. MOTHER'S MAIDEN NAME <b>Florence Bohlen</b>		14. NAME OF HUSBAND OR WIFE <b>Mary</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mary Heurkens 2012 James St.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of R Lung</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>With metastases</b> DUE TO (b) <b>163X</b> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>3MO</b> <b>5MO</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>none</b>	
20c. TIME OF INJURY: Hour Month, Day, Year s.m. p.m. <b>none</b>	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.) <b>none</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Jan 7 1963</b> to <b>June 6 1963</b> and last saw him alive on <b>June 4 1963</b> Death occurred at <b>1:30 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Thumper Blumpe MD</b>		22b. ADDRESS <b>3933 S Grand</b>	22c. DATE SIGNED <b>June 6/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>6/8/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Abbey St. Louis Missouri</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>Moydell Funeral Home 1926 Allen</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 8 1963</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith. M.D.</b>

**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 Hadley P. Joelle Jr  
Licensed Embalmer No. 4950

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.