

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050244

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3504 STATE FILE NUMBER

**FILED DEC 20 1963**

DO NOT WRITE ON THIS STUB

AMENDED

<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>St. Louis</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Normandy</u> Length of stay in 1b <u>6 mo</u></p> <p>c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>O'Sullivan Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY _____</p> <p>c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>8301 Church Rd.,</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>					
<p><b>3. NAME OF DECEASED</b> (Type or print)</p> <p style="text-align: center;">First Middle Last <u>HENRIETTA C. HEUERMANN</u></p>		<p><b>4. DATE OF DEATH</b> Month Day Year <u>November 14th, 1963</u></p>					
<p><b>5. SEX</b> <u>female</u></p>	<p><b>6. COLOR OR RACE</b> <u>white</u></p>	<p><b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input checked="" type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <u>3/1/87</u></p>	<p><b>9. AGE (last birthday)</b> <u>76</u></p>	<p><b>IF UNDER 1 YEAR</b> Months _____ Days _____</p>	<p><b>IF UNDER 24 HR</b> Hours _____ Min. _____</p>	
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u></p>		<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>at home</u></p>		<p><b>11. BIRTHPLACE</b> (City and state or country) <u>St. Louis, Mo.</u></p>		<p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u></p>	
<p><b>13a. FATHER'S NAME</b> <u>George Tieman</u></p>			<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>Minnie Rohfling</u></p>			<p><b>14. NAME OF HUSBAND OR WIFE</b> _____</p>	
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p><b>16. SOCIAL SECURITY NO.</b> _____</p>		<p><b>17. INFORMANT</b> Address <u>Edward Heuermann, 4505 June Ave.,</u></p>			
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Arterio-Sclerotic Heart Disease</u></p> <p style="text-align: center;">DUE TO (b) <u>Arterio-Sclerotic Cardio-Vascular Disease</u></p> <p style="text-align: center;">DUE TO (c) <u>4221</u></p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>						<p><b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>20 yrs ?</u></p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p><b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <u>NONE</u></p>		<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of Item 18.)</p>			
<p><b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year</p>		<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p><b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE</p>	
<p><b>21. I attended the deceased from</b> <u>March 1963</u> to <u>11-14-63</u> and last saw her <u>him</u> alive on <u>11-6-63</u> Death occurred at <u>6:05 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p><b>22a. SIGNATURE</b> (Degree or title) <u>Colleen M. Dearney, M.D.</u></p>			<p><b>22b. ADDRESS</b> <u>St. Louis Woodlawn</u></p>			<p><b>22c. DATE SIGNED</b> <u>11-15-63</u></p>	
<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u></p>		<p><b>23b. DATE</b> <u>11/18/63</u></p>	<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Zion Cemetery</u></p>		<p><b>23d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Co., Mo.</u></p>		
<p><b>24. FUNERAL DIRECTOR</b> ADDRESS <u>DIEDRICH FUNERAL HOME, 8319 Halls Ferry</u></p>			<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>11-16-63</u></p>		<p><b>26. REGISTRAR'S SIGNATURE</b> <u>J. B. Murphy, M.D.</u></p>		

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

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MEDICAL CERTIFICATION BY AFFIDAVIT OF

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**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 *Larry E. Monroe*

Licensed Embalmer No. 4495

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.

EMERALD EMERALD EMERALD