

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

FILED 02 62/6

Primary Registration District No. 3061

Registrar's No. 280020318

STATE FILE NUMBER

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) Flat River		Length of stay in 1b 3 yrs.	c. CITY OR TOWN Flat River
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 310 E. Main Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 310 E. Main
3. NAME OF DECEASED (Type or print) First Anton Middle H. Last Heberer		4. DATE OF DEATH Month May Day 24 Year 1964	
5. SEX MALE	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 11-29-93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - BARBER		10b. KIND OF BUSINESS OR INDUSTRY Barber - Self-employed	9. AGE (last birthday) 70
13a. FATHER'S NAME Otto Heberer		13b. MOTHER'S MAIDEN NAME Magdalen Wolf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War 1		16. SOCIAL SECURITY NO. Clara Heberer	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchiogenic Carcinoma		17. INFORMANT Address 310 E MAIN, FLAT RIVER, MO.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 18 mos.	
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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 St. Louis STATE Missouri
21. I attended the deceased from 1960 to May 24, 1964 and last saw him alive on May 24, 1964 . Death occurred at Flat River, Missouri, 9 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. Foster M.D. (Degree or title)		22b. ADDRESS 1000 N. Main, Desloge, Mo.	22c. DATE SIGNED May 24, 1964
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 28, 1964	23c. NAME OF CEMETERY OR CREMATORY National Cemetery Jefferson Barracks	23d. LOCATION (City, town, or county) St. Louis County Mo.
24. FUNERAL DIRECTOR Wacker-Helderle, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. May 25, 1964	26. REGISTRAR'S SIGNATURE Ether Rudloff

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 Helit J. Kuzpinski

Licensed Embalmer No. 3497

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.