

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6288

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2191

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2039	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) D.O.H.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION City-Hosp.		e. STREET ADDRESS (If rural, give location) 3 6920 Scanlan	
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) H. c. (Last) Heath			4. DATE OF DEATH (Month) (Day) (Year) Mar. 5th 1954
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 7th 1884
9. AGE (In years) 69		10. MONTH 9	11. DAY 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ydmaster		10b. KIND OF BUSINESS OR INDUSTRY Frisco RR	11. BIRTHPLACE (City and State or Foreign Country) Sherman Texas /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Heath	
13b. MOTHER'S MAIDEN NAME Mary Stice		14. NAME OF HUSBAND OR WIFE (late) Marjorie Heath	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Wm. Heath		ADDRESS 6715 Odell St. Louis Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis & Infarction Sudden ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death One year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from Oct. 13, 1953, to March 5, 1954, that I last saw the deceased alive on Mar. 5, 1954, and that death occurred at 10 a. m., from the causes and on the date stated above.			
23a. SIGNATURE Hiram L. Luzzatt 0 M.D.		23b. ADDRESS 3720 Washington Blvd	
23c. DATE SIGNED Mar. 6, 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-9-1954	
24c. NAME OF CEMETERY OR CREMATORY Zion Hill		24d. LOCATION (City, town, or county) (State) Mattoon Ill.	
DATE REC'D BY LOCAL REG. MAR 9 1954		REGISTRAR'S SIGNATURE Jay B. Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Jay B. Smith, Maplewood, Mo.	

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..... *J. E. Burgess*

Licensed Embalmer No. *40*

P. O. Address *Maple*

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.