

## CERTIFICATE OF DEATH

124

74 303103

DO NOT WRITE  
ON THIS STUD

VS 300

FILED

JUL 10 1974

317

Primary Registration District No.

544

Registrar's No.

Rev. 11/72

7b-c. 2280

7d. 90002

8. 29

14a. 29

14b. 189

14c. 02351

14e.

23. 2025623

26a.

18. U. 4123

18-S-1.

18-S-2.

20a-f.

20g-St.

20g-Co.

20g-Cy.

USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

## DECEASED

## PARENTS

## CAUSE

## CERTIFIER

## BURIAL

DECEASED—NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Alvina		Wilhelmina		Heseman		2. Female	3. June 29, 1974	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR MOS. DAYS		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. white		5a. 81		5b. 4 7		6. Feb 22, 1890		7a. St. Louis
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Kirkwood		7c. yes		7d. St. Joseph Hosp.				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Missouri		9. U.S.A.		10. married		11. Oscar J. Heseman		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 488-68-7124		13a. Housewife		13b. Own Home				
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION, ZIP CODE		TOWNSHIP		STREET AND NUMBER
14a. Mo.		14b. St. Louis		14c. Ballwin		14d. yes		14e. Rt. 2 Box 132
FATHER—NAME FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME FIRST		MIDDLE LAST
15. John		Engelbrecht		16. Anna		Hilkerbaumer		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
17a. Oscar Heseman		17b. Rt. 2 Box 132 Ballwin, Missouri 63011						
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE								
(a) Arteriosclerotic heart disease								
DUE TO, OR AS A CONSEQUENCE OF:								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST								
(b)								
DUE TO, OR AS A CONSEQUENCE OF:								
(c)								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. No							19b.	19c.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c. M. 20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED
21a. ATTENDED THE DECEASED FROM		21b. TO		21c.		21d.		21e. M. TO THE CAUSE(S) STATED
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		DOA St. Joseph Hosp.		
22a.		22b.		22c.		22d.		
CERTIFIER—NAME (TYPE OR PRINT)		MO. LICENSE NO.		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. Geo. E. Gantner, MD		23b. 25623		23c. George E. Gantner, MD		23d. Medical Examiner		23e. 7/3/74
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		ZIP		
23a. 601 So. Brentwood Boulevard		23b. Clayton		23c. Mo.		23d. 63105		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE		
24a. Removal		24b. St. James Cemetery		24c. Stonyhill		24d. Missouri		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		24e. 63011				
24a. July 2, 1974		24b. Schrader Funeral Home Inc, 500 Matchester rd. Ball win. Mo		24c. 63011				
FUNERAL DIRECTOR—SIGNATURE		REG. NO.		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. Henry Aft		25b. 2330		25c. John B. Murphy, M.D.		25d. JUL 1 1974		

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.