WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34619

OCT 11 1934

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File No. 9427

Registered No.

1. PLACE OF DEATH

County

Township

Registration District No.

Primary Registration District No.

City St Louis (No. St Anthony Hospital St. Ward)

2. FULL NAME William Hearns

(a) Residence, No. 3217 Iowa Av. St. 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theresa Hearns.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5 - 1856

7. AGE: Years 78 | Months 3 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shelter Coffee

10. Date deceased last worked at this occupation (month and year): 31 yrs

11. Total time (years) spent in this occupation: 31 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: William Hearns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Aunt Kate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): William H. Hearns 3217 Iowa

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peter-Paul DATE Sept 27 1934

19. UNDERTAKER (ADDRESS): J H Gelsker 2600 Gravois Av

20. FILED SEP 26 1934 19 J. A. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1934 to Sept 24 1934, 19..

I last saw him alive on September 24, 1934. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset: Doubt Prior

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Other contributory causes of importance: Nephritis Chronic — Doubt Prior

Name of operation: None Date of:

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Bruce, M. D.

(Address) 5033 Gravois

Dr [illegible]
5005 [illegible]
7 To 8 - Pw