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

File No. 44163

Registered No. 234  
St. \_\_\_\_\_ Ward \_\_\_\_\_

Dr. Freeman

NOV 3 1 1935

1. PLACE OF DEATH

92 County St Charles Registration District No. 757  
Township \_\_\_\_\_ Primary Registration District No. 3036  
City St Charles (No. St Joseph Hospital)

2. FULL NAME

Walter August Heun

(a) Residence, No. West Alton St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1888  
7. AGE YEARS 46 MONTHS 4 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Alton Mo.

13. NAME Peter Heun

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo.

15. MAIDEN NAME Mary Roderfeld

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Q Fallons Mo.

17. INFORMANT Fred Heun (ADDRESS) West Alton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portage De Louis Mo. DATE Jan 3<sup>rd</sup> 1935

19. UNDERTAKER W. C. Hallmesst Sons Co (ADDRESS) St Charles Mo.

20. FILED 121 1935 Clarence J. Necker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31<sup>st</sup> 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him alive on Dec 31<sup>st</sup> 1934. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:  
Accidental traumatism to skull, resulting in hemorrhage of middle meningeal artery, while walking on highway 94 was struck by an automobile  
Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec 30, 1934  
Where did injury occur? West Alton Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public place  
Manner of injury Struck by an automobile  
Nature of injury Injury to skull & brain

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify none  
(Signed) W. L. Freeman M.D.  
(Address) St Charles Mo  
Coroner of St Charles Co Mo

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.

1932-1936.

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