

REC'D APR 19 1938

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

10679

Do not use this space.

## 1. PLACE OF DEATH

(a) County Franklin Registration District No. 295  
 (b) Township Meramec Primary Registration District No. 5412 Registered No. 127  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Chas. J. Heisenstein, 252  
 (a) Residence, No. Sullivan, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Magdalena Heisenstein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12th. 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 3 22

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Co. b  
 (STATE OR COUNTRY) Missouri, b

FATHER 13. NAME Not Known  
 14. BIRTHPLACE (CITY OR TOWN) Germany b  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Not Known  
 16. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Chas. J. Heisenstein  
 (ADDRESS) Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Sullivan, Mo. DATE April, 5, 1938

19. FUNERAL DIRECTOR J. T. Williams,  
 (ADDRESS) Sullivan, Mo.

20. FILED 7/15 1938 Edgar W. Laffoon Local Registrar. 268 (Address) Sullivan, Mo.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 3d. 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-3-38, 1938, to 4-3-38, 1938

I last saw him alive on 4-3-30, 1938. Death is said to have occurred on the date stated above, at 2-p m.

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

Coronary occlusion b  
4/3/38

Other contributory causes of importance: 9415-

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

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 Cholera

(Signed) D. Laffoon M. D.

(Address) Sullivan, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.  
Signed.....  
.....  
Licensed Embalmer No. ....

**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.)**