

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.

REC'D AUG 12 1938

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

23768
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3240 Geyer** St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

Registered No. **6462**

2. PRINT FULL NAME Joseph H. Heenan **557**

(a) Residence, No. **3240 Geyer** St. **17** (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 **Della Heenan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 2 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 16

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **James Heenan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana**

MOTHER 15. MAIDEN NAME **Sophia Hall**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Della Heenan**
 (ADDRESS) **3240 Geyer**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Leeper Mo.** DATE **July 21 38**

19. FUNERAL DIRECTOR **Wm. Schumacher**
 (ADDRESS) **3013 Meramec St.**

20. FILED **JUL 19 1938** **J. F. Bredeek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 18 1938**

22. I HEREBY CERTIFY, That I attended deceased from **5-29 38**, to **7-18 38**

I last saw him alive on **7-18 38** Death is said to have occurred on the date stated above, at **10:30 A.M.**

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

Chronic myocarditis
Coronary occlusion

Date of onset **?**

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? *clinical* 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..... (Signed) *O. J. Jones*, M. D.

(Address) **3016 S. Broadway**

3614
1-3
A. Anthony

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow, Licensed Embalmer No. 3093

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 Clarence J. Rochow

Licensed Embalmer No. 3093

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.)