

REC'D JAN 14 1939

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

42430

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 3
(b) Township..... Primary Registration District No. 10001
(c) City St. Joseph, (d) Street No. 14th & Frederick Avenue, Registered No. 1310
(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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 35 yrs. mos. ds.

2. PRINT FULL NAME Karl Henry Heilman,

(a) Residence, No. 307 Messanie 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) Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sausage maker,
9. Industry or business in which work was done, as saw mill, bank, etc. Meat Market.
10. Date deceased last worked at this occupation (month and year) December 1938. 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) Mayen,
(STATE OR COUNTRY) Germany, 6

FATHER 13. NAME Karl Henry Heilman,
14. BIRTHPLACE (CITY OR TOWN) Unknown, 6
(STATE OR COUNTRY) Germany,

MOTHER 15. MAIDEN NAME Maria Friedrich, 6
16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

17. INFORMANT John Manschreck
(ADDRESS) 529 So. 8th. Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Dec. 30th, 1938

19. FUNERAL DIRECTOR (NAME) Heaton-Berndt & Co.,
(ADDRESS) 319 S. 10th. Str. Kansas City, Mo.

20. FILED Dec 30, 1938 W. H. H. H. H. H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from viewed
Dec 27th, 1938, to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Injuries received when struck
by an Automobile as a
pedestrian

Date of onset

Other contributory causes of importance:

none

Name of operation..... Date of.....

What test confirmed diagnosis History..... 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 12/26, 1938Where did injury occur? St. Joseph, Mo.

(Specify city or town, county, and State)

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

Public placeManner of injury Struck by AutoNature of injury Fractured skull & Chest24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.(Address) King Hill Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Dec. 26, 19

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. #3986

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.