

REC'D MAR 13 1939

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

4883  
Do not use this space.

791  
1003

Registered No. 1576

1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis  
 (d) Street No. St. Johns Hospital  
 (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.

2. PRINT FULL NAME Robert Mark Heaton  
 (a) Residence, No. 437 Wilmington St.  (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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alvera Heaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>43</u>	<u>2</u>	<u>29</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-9-1939, to 2-17-1939  
 I last saw h. a. m. alive on 2-16-1939. Death is said to have occurred on the date stated above, at 6:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION

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

Cerebral hemorrhage

Other contributory causes of importance: g g

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia Mo.

FATHER

13. NAME James Heaton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Mahalia Hall

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

17. INFORMANT (ADDRESS) Alvera Heaton 437 Wilmington

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo. DATE Feb. 20 1939

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

20. FILED FEB 17 1939 J. F. Brudeck Local Registrar.

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
 If so, specify.....  
 (Signed) Carl J. Key M. D.  
 (Address) 3604 Washington

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.

03-01-1954  
36-0-11-1-1-6-  
36-0-11-1-1-6-  
36-0-11-1-1-6-

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, or by.....

*Clarence Koechow*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Clarence Koechow*

Licensed Embalmer No. ....

*3013*

P. O. Address .....

*3013 Meramec*

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.