

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

13186
Do not use this space.
3528

REC'D MAY 10 1939

1. PLACE OF DEATH
 (a) County..... Registration District No. **791**
 (b) Township..... St. Louis / Primary Registration District No. **1008**
 (c) City..... St. Louis / (d) Street No. **City Hospital No. 1** Registered No. **3528**
 (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.
D. 156
 2. PRINT FULL NAME **Oda Heuchan**
 (a) Residence, No. **3938 Blaine** St. **17** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 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 **Charles Henry Heuchan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 16, 1876**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	4	29	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc. **hwk**
 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 **Burgess Davis**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER
 15. MAIDEN NAME **? Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Tadnor, Mo.** DATE **April 18th, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Irishman Samal**
1905 Union Blvd.

20. FILED **APR 17 1939**
J. B. Budler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/15/39**

22. I HEREBY CERTIFY, That I attended deceased from **4/4/39**, 19..... to **4/15/39**, 19.....
 I last saw her live on **4/15/39**, 19..... Death is said to have occurred on the date stated above, at **1.30 a.m.**
 The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis
caused by chr. nephritis
 Other contributory causes of importance:
 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) **Joseph L. Kuroki, M.D.**
 (Address) **City Hospital No. 1**

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.

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

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

Signed

Warren A. Carver

Licensed Embalmer No.

3534

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.