

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

17090
Do not use this space.

REC'D JUN 12 1939

791
1003

Registered No. **4624**

1. PLACE OF DEATH

(a) County..... / Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City or St. Louis, Mo. (d) Street No. Lutheran Hospital 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.

2. PRINT FULL NAME Mr. Ray Heritage

(a) Residence, No. 4236 Grace Avenue St. 157 (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 Mrs. Minnie L. Heritage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17, 1880

| | | | |
|--------------|--------|------|--|
| 7. AGE YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| 59 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Burlington, Kansas
 (STATE OR COUNTRY)

FATHER

13. NAME Benjamin Heritage

14. BIRTHPLACE (CITY OR TOWN)..... Cantebury, England
 (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Isabel Patterson

16. BIRTHPLACE (CITY OR TOWN)..... Kirkville, Missouri
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Ray Heritage
 (ADDRESS) 4236 Grace Avenue

18. ~~BURIAL~~ CREMATION, ~~OR~~ ~~BURIAL~~ PLACE VALHALLA DATE May 22, 1937

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc.
 (ADDRESS) 1936 St. Louis Avenue

20. FILED MAY 22 1939
J. B. Bredish Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939 to May 19, 1939
 I last saw him/her alive on May 19, 1939 Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis

Other contributory causes of importance:
MI

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

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 Burchard Street, M. D.
 (Address) 6006 Virginia Avenue

Date of onset 5-10-39

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.

Mr. B. L. Paine
6066 Virginia

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 me

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

Signed..... [Signature]
Licensed Embalmer No. 3737
P. O. Address 1926 St. Louis

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.