

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2309 Goff Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community About 70 years
years, months or days)

3. (a) PRINT FULL NAME Louis Peter Heas

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased January 27, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Chippewa, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer, Retired

11. Industry or business Dairy

12. Name Randolph Heas

18. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Buchalz

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sophie A. Ditz

(b) Address 2309 Goff Avenue, St. Joseph

17. (a) Burial (b) Date thereat January 16, 1940
(City, town, or county) (Month) (Day) (Year)

(c) Place: Burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Halter Meloshoff

(b) Address 1302 Faraon Street, St. Joseph

19. (a) Jan. 17, 1940 (b) St. Joseph
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2309 Goff Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th
year 1940 hour 2 minute 40 p. M.

21. I hereby certify that I attended the deceased from March 12
1938, to Jan 13, 1940
that I last saw him alive on Jan 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial insufficiency unknown
Due to arteriosclerosis, general unknown

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

Duration
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place)
(a) Means of injury _____
28. Signature Kirkpatrick (M. D. or other) _____
Address Kirkpatrick Building Date signed 1/15/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. K.O. 3946

P. O. Address St. Joseph, Missouri.

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.