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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26681

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6577

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutz Hospital Sr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 10
(If outside city or town limits write "RURAL")

(d) Street No. 3504 Greer Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martinn Heher

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ma ry O'Reilly Heher

6. (c) Age of husband or wife if alive years

7. Birth date of deceased About 1864 (Month) (Day) (Year)

8. AGE: Years About 76 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Retired Landscape Gardner

11. Industry or business

FATHER
12. Name John Heher
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Honora Hawkins
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Mary Ann Unwin
(b) Address 3504 Greer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 E. Grand

19. (a) AUG 2 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1 year 1940 hour 12 35 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death | Duration

Due to Coronary Occlusion

Due to Arterial Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

94 G

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph M. Lucas (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Gra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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