

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27391
7287

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3506 A Magnolia Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27
year 1940 hour 9-15 P. M. minute _____ 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: Fractured skull with external and skull

Subdural haemorrhage
Fractured ribs

Due to about 4:30 P.M. on Aug. 26-1940

Other conditions when struck at street
(include pregnancy within 3 months of death)
and hospitalized by

Major findings: Fracture of skull
Operations Fracture of ribs

Fracture of skull
Fracture of ribs
Subdural haemorrhage
Fractured ribs

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide, specify unprovoked automobile
(b) Date of occurrence Aug 26 1940
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? _____ (Specify type of place)
Means of injury Automobile

23. Signature [Signature] (M. D. or other title)
Address [Address] Date signed _____

3. (a) PRINT FULL NAME HENRY HEYNE. 500

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Feb 10. 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 17 hr. _____

9. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED.

11. Industry or business _____

12. Name HENRY HEYNE

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

14. Maiden name Cecelia Fisher

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

16. (a) Informant Louis Heyne
(b) Address 3506 A Magnolia Ave.

17. (a) Burial (b) Date thereof Aug 30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director [Signature]
(b) Address 2906 Gravois Ave.
19. (a) AUG 29 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 _____

Thorpe

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Thorpe

Licensed Embalmer No. _____

1619

P. O. Address _____

2906 Gravois

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.