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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791 1003

FILED OCT 1940

State File No. 30713

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 7990

1. PLACE OF DEATH:

(a) County ____

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

(c) Name of hospital or institution: St. Louis City Hospital #1,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

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

(d) Street No. 351 Pope Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Theodore Heyns

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 Widower

6. (b) Name of husband or wife Dora Heyns nee Spilker

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

7. Birth date of deceased August 23, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	0	29	____ hr. ____ min.

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

10. Usual occupation Retired employee

11. Industry or business Park Dpt.

FATHER
12. Name John H. Heyns
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Habel
15. Birthplace New Richmond, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Frank T. Heyns
(b) Address 351 Pope Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/40
(Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) SEP 25 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22, year 1940 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from September 12, 1940 to September 22, 1940 that I last saw him alive on September 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic Heart Disease, (aortitis.

Due to Anemia (terminal)

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

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 James T. Murphy (M. D. or other)
Address 1515 Lafayette Ave. Date signed 9-27-40.

(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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo

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

If this body is not embalmed, fact should be so stated above.