

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9373**
Registrar's No. **2783**

Registration District No. **791**

Primary Registration District No. **1003**

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:
4579 Aldine Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME John T. Hei
3. (b) If veteran, name war _____
3. (c) Social Security No. 497-05-5939

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theresa Hei
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 28th 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER {
12. Name William Hei
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Kampmann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Theresa Hei
(b) Address 4579 Aldine Ave

17. (a) Burial (b) Date thereof 3/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) WAB 29 1941 (b) J. F. Brudeck
(Registrar's signature)

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. 4579 Aldine Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1941 hour 10 minute _____ P. M.
21. I hereby certify that I attended the deceased from June 1941 to March 27 1941
that I last saw him alive on March 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart
Due to Arteriosclerotic Hypertension Chronic

Due to Ch. Myocarditis Chronic
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 93
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. J. ... (M.D. or other) _____
Address 4460 ... Date signed 3/27/41

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 H. Street

Licensed Embalmer No. 2265

P. O. Address.....

914 Orange

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, fact should be so stated above.