

No. 2
-1-4-41
-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29940
7279

FILED OCT 18 1941
791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis.
(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 Infirmery. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution February 4, 1937
4yrs. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis. 0000
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 5800 Arsenal St. 73 12
(If rural, give location)
(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country Austria. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8,
year 1941. hour 2:35 minute 0. M.
21. I hereby certify that I attended the deceased from February
4, 1937 to September 8, 41,
that I last saw him alive on September 8, 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac decompensation Duration _____

3. (a) PRINT FULL NAME

Mike Hea.

3. (b) If veteran, name war

Cannot say.

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

Elizabeth Gashneer.

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

5, 1867.

7. Birth date of deceased

April,
(Month)

5, 1867.
(Day) (Year)

8. AGE:

74

Years

Months

5

Days

3

If less than one day

_____ hr. _____ min.

9. Birthplace

Austria. 4 Foreigner.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Laborer.

X

11. Industry or business

12. Name

Unknown

13. Birthplace

Unknown 9

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown 9

(City, town, or county)

(State or foreign country)

16. (a) Informant

E. Moloney

(b) Address

5800 Arsenal St.

17. (d) Date thereof

Sept 10-41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

St. Peter Paul Church

18. (a) Signature of funeral director

Joseph J. Regan

(b) Address

7027 Maryland Ave

19. (a) SEP 9 1941

(b) J. M. Beedeck

(Registrar's signature)

Due to

Arteriosclerotic heart disease.

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

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? _____

(e) Means of injury _____

23. Signature Loren Blaney (M. D. or other) M.D.

Address 5600 Arsenal St. Date signed 9-8-41

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 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, fact should be so stated above.