

Registration District No. 791

Primary Registration District No. 1003

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:
2309 Sidney St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2309 Sidney St.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 000
(c) City or town. St. Louis, (If outside city or town limits, write "RURAL") 23 17
(d) Street No. 2309 Sidney Street, (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1941 hour 5: minute 30 A.M.
21. I hereby certify that I attended the deceased from
July 1, 1941, to Oct 3, 1941
that I last saw him alive on Oct 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic myocarditis Duration 6 mos.
arterio-sclerosis 6 mos.

Due to _____
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 etiologically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 none
23. Signature W. Schneider (M.D. or other) MS
Address 3318 2 Grand Date signed 10-3-41

3. (a) PRINT FULL NAME Joseph Heun
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, Widowed
6. (b) Name of husband or wife Frances 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased November 21, 1852
(Month) (Day) (Year)
8. AGE: Years 88 Months 10 Days 12 If less than one day _____ hr. _____ min.
9. Birthplace Germany (City, town, or county) (State or foreign country) //
10. Usual occupation Retired Builder
11. Industry or business _____
12. Name William Heun
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Anna Wolf
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant William Heun
(b) Address 2309 Sidney Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/41 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem
18. (a) Signature of funeral director John N. Kibben, Secy N.C.
(b) Address 2630 Gravois Avenue
19. (a) OCT 3 1941 (Date received local registrar) (b) J. J. Breduk (Registrar's signature)

MOTHER FATHER

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

00
17
9

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address. 2630 Gravois Avenue

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.