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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

380

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 535

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:
De Paul Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Stephen Hey.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Hey 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Nov. 21, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace St. - Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired Baker

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Hey
18. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Caroline Dierker
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Josephine Hey
(b) Address 2167 E. Warne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/42
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) JAN 18 1942 (b) J. F. Brebeck (Date received local registrar) (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.") 9
(d) Street No. 2167 E. Warne Ave D (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1942 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 11, 1936 to Jan 15, 1942
that I last saw him alive on Jan 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration 5 1/2 years

Due to _____
Due to _____

Other conditions: Chronic Nephritis (Include pregnancy within 3 months of death) Duration 5 1/2 years

PHYSICIAN _____
Major findings: None
Of operations: None
Of autopsy: None
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 Geoffrey [Signature] (M. D. or other) MD
Address 3442 Euclid Date signed 1/17/42

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

W. G. B. Kroeger
3442 Euclidean
Et. 2054
2-4

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 A. Moore
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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.