

FILED MAR. 24 1942

STANDARD CERTIFICATE OF DEATH 1003

State File No. 4441
Registrar's No. 2058

Registration District No. Primary Registration District No.

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:
6168 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME SARAH HEELAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased July 24, 1866
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>75</u> | <u>7</u> | <u>10</u> | hr. min. |

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Patrick Heelan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Wyant
15. Birthplace Zanesville, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Addie Heelan

(b) Address 6168 Washington Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/6/42
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd

19. (a) MAR 5 - 1942 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 517
(If outside city or town limits, write "RURAL")
(d) Street No. 6168 Washington 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1942 hour 9:45 minute P M.

21. I hereby certify that I attended the deceased from Nov. 4, 1941 to March 4, 1942
that I last saw him alive on March 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: General Carcinomatosis Primary Site Bowel

Due to

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?

While at work (Specify type of place) (2) Means of injury

23. Signature Sauvagek Upgrigman (M. D. or other)
Address 110 Theater Bldg Date signed 3-5-42

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

Mr. Wimmerman
634 N. Grand
2 C.M.

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.....

Geo. E. McCulloch

Licensed Embalmer No.....

2460

P. O. Address.....

6170 Delmar

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.