

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 13 1942

Registration District No. 296

Primary Registration District No. 4180

Registrar's No. \_\_\_\_\_

36  
50

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether)

In this community 30 yrs. years, months or days

3. (a) PRINT FULL NAME Philly Heager

3. (b) If veteran. X name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Ana Marie M. Heager, alive Decend years

6. (c) Age of husband or wife if 12 years

7. Birth date of deceased June 12 1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>12</u>	<u>X</u>	hr. <u>X</u> min.

9. Birthplace Jeffersburg Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Section Laborer

11. Industry or business:

12. Name Philip Heager

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Katharina Schindler

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Eduard Heager

(b) Address Union Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Zion Lumber Union Mo.

18. (a) Signature of funeral director E. F. Ottman

(b) Address Union Mo.

19. (a) 6/27/42 (Date received local registrar) (b) Conrad A. Riger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union Mo-5  
(If outside city or town limits, write "RURAL")

(d) Street No. 829 Delmar  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th  
year 1942 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 27 to 6-24 1942  
that I last saw him alive on 6-24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Atherosclerosis

Due to \_\_\_\_\_

Other conditions X 97  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations X

Of autopsy X

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 D

23. Signature J. M. Denny (M. D. or other) J. M. Denny

Address Union Mo Date signed 6-25-42

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**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

*E. R. Olthmann*

Licensed Embalmer No. *1686*

P. O. Address *Union Mo.*

**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.**