S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12258

Registrar's No. 3492

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: 2620 S. Jefferson Av.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Mo (b) County 12 3

(c) City or town St. Louis 9 V
(If outside city or town limits, write "RURAL")

(d) Street No. 2620 S. Jefferson Av.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles F. Hiestand

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lilly F. Hiestand

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov. (Month) 5 (Day) 1878 (Year)

8. AGE: Years 64 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Maintainence Man.

11. Industry or business Alhambra Grotto

FATHER
12. Name Fred Hiestand
13. Birthplace Highland (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Clara Meyer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Lilly Hiestand
(b) Address 2620 S. Jefferson Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Witt Bro. L & Mo.
(b) Address 2929 S. Jefferson Av.

19. (a) APR 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1943 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 3rd, 1943, to April 12th, 1943; that I last saw him alive on April 12th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic

Due to Bronchitis
Gastritis

Due to

Other conditions Bronchitis
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. C. Harding (M. D. or other)

Address 3117 Lafayette Av. Date signed 4/13/43

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.