

S. No. 2
A-9-4-41
5-12-38
1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16189

State File No. 5051
Registrar's No.

FILED JUN 9 1949
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3334a Missouri Ave.
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 3334a Missouri Ave.
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME: Joan C. Heihn
(b) If veteran, name war: None
(c) Social Security No.: None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31st
year 1943 hour 7:20 minute P.M. M.

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: Sept. 21st 1942 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/31/43 to 5/31/43
that I last saw her alive on 5/31/43 and that death occurred on the date and hour stated above.
Immediate cause of death: Rt. Bronchopneumonia 2 days

8. AGE: Years 0 Months 10 Days hr. min.

Due to: This was a relapse following Rt. bronchopneumonia which terminated clinically by recovery on 5/20/43
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 107
Of autopsy:

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

10. Usual occupation: Infant

11. Industry or business:

MOTHER FATHER
12. Name: Herman Heihn
13. Birthplace: Randolph County Ill. (City, town, or county) (State or foreign country)
14. Maiden name: Thelma Wood
15. Birthplace: Ill. (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: Herman Heihn
(b) Address: 3334a Missouri Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park

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?

18. (a) Signature of funeral director: Kriegshauser Mortuar
(b) Address: 4228 So. Kingshighway Blvd.

19. (a) JUN 1 1949 (b) J. F. Brueck (Registrar's signature)

23. Signature: M. J. [Signature] (M. D. or other) M. J.
Address: 3615 S. Grand Date signed: 6/1/43

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.....

Richard W. Stevesand

Licensed Embalmer No. *4007*

P. O. Address.....

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.

OFFICIALS
J. C. J. M. J. M. J. M.