

FILED MAY 2 1944 18
Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 3806

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5004 Virginia
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Collin H. Heagle

3. (b) If veteran, name war..... No.
3. (c) Social Security No. 496-18-8206

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Alexander 6. (c) Age of husband or wife if alive..... 67 years
7. Birth date of deceased Sept. 24, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 29 hr. min.

9. Birthplace Grand Rapids Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Industrial Representative

11. Industry or business Plumbing Supplies

MOTHER FATHER { 12. Name Henry Heagle

13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Steed

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Heagle

(b) Address 5004 Virginia

17. (a) Burial (b) Date thereof Sept 26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter and Paul (New)

18. (a) Signature of funeral director Thos J. F. ...

(b) Address 1519 S. Grand Bldg

19. (a) APR 24 1944 J. F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1944 hour 10 minutes 37 AM.

21. I hereby certify that I attended the deceased from April 16 1944 to April 23 1944
that I last saw him alive on April 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 85

Major findings: Of operations

Of autopsy

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.....

23. Signature Thos. W. Martin (M. D. or other).....

Address 634 No. Grand Date signed 4/24

Duration

8 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Howard Rowland

Licensed Embalmer No. 3114

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.