DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 9 1944

Registration District No. 4187

Primary Registration District No. 4187

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Union 5
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Anna Marie Hein

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. 22 (Month) 1870 (Day) (Year)

8. AGE: Years 73 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Union, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name John F. Hein
13. Birthplace Geramny (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Johanna Dress
15. Birthplace Germany. (City, town, or county) 4 (State or foreign country)

16. (a) Informant Tipton Hein
(b) Address St. Louis Mo.

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof 5-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director Union Funeral Home
(b) Address Union, Mo.

19. (a) 5/8/44 (Date received local registrar) (b) Howard A. Rieger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1944 hour 1 minute 00 p. M.

21. I hereby certify that I attended the deceased from April 8, 1944, to May 6, 1944
that I last saw her alive on May 6, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Cardio vascular disease	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 B G Strehlman (M. D. or other) MD
Address Union Date signed 4-8-44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-8-44

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.....

.....[illegible], Registered Apprentice No.....

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2464

P. O. Address Washington [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.