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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 149

FILED JUN 9 1945
Registration District No. 5345

Primary Registration District No. 3010

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4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution Family Home !
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape

(c) City or town Cape Girardeau !
(If outside city or town limits, write "RURAL")

(d) Street No. 504 So Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fredrick William Heise

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1945 hour 11:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5/1 1945 to 5/7 1945
that I last saw him alive on 5/7 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race w

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

6. (b) Name of husband or wife Carrie 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: March 15 - 1864
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis

Due to Hypertension

Due to _____

8. AGE: Years 81 Months 1 Days 19 If less than one day _____ hr. _____ min.

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

Major findings: Of operations None

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Henry Heise

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schickel

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie Heise

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof 5-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayward Cemetery

18. (a) Signature of general director J. E. Harnett

(b) Address Cape Girardeau Mo.

19. (a) 5-26-45 (b) W. Phelps
(Date received local registrar) (Registrar's signature)

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. Signed W. Phelps (M. D. or other) _____
Address Cape Girardeau Mo. Date signed 5/7/45

RECEIVED

District Health Officer No. 4
District File Number 645-696
Date Filed 6-6-45

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cap. Brandon

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.