. S. No. 2
00M—2-43
ev. 5-17-39
I- X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 27 1945

State File No. 22029

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6125

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: Firmin Desloge 0
(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 000

(c) City or town ST LOUIS 17 26
(If outside city or town limits, write "RURAL")

(d) Street No. 3255 KNAPP STREET 9
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Marron Heacox

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Male 0

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 11 (Day) 1945 (Year)

8. AGE: Years | Months | Days 2 | If less than one day 7 hr. min.

9. Birthplace St Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name Joseph Marron Heacox
13. Birthplace Fisk (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Rose Marie Marks
15. Birthplace Alton (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Rose Heacox
(b) Address 3255 Knapp

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS CEMETERY

18. (a) Signature of funeral director Gradmeyer & Sons
(b) Address 3934 No. 20th street

19. (a) JUL 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1945 hour 6 minute 52 a. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Erythroblastosis foetalis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
161

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 0

23. Signature Alexander L. Russell, M.D. (M. D. or other)
Address 1325 S. Grand Date signed

(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 Frank A. Moore

Licensed Embalmer No. 30441

P. O. Address 2117 E. Grand

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.