. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36647

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1220

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1920 Eugene Field Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Walter F. Heumann

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Emma H. Heumann

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April (Month) 10 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	7	4	hr. min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

10. Usual occupation manager

11. Industry or business Goetz & Niemer Dental Lab

FATHER
12. Name William Heumann
13. Birthplace Quincy, Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Hempleman
15. Birthplace Quincy, Illinois. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter F. Heumann

(b) Address St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/17/45 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Mausoleum

18. (a) Signature of funeral director Heaton BeGole & Bowman

(b) Address 319 South 10th

19. (a) Nov 17-1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th year 1945 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from Oct 20, 1945 to Nov 14, 1945 that I last saw him alive on Nov 14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart — Duration 2 days
Myocarditis Chr. — Don't know
Due to Hypertension — Don't know
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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 E. M. Shores M.D. (M. D. or other)

Address 317 Kirkpatrick Bldg. Date signed 11-15-45

1424 (Licensed Embalmer's Statement on Reverse Side) St. Joseph Mo.

Kirk-Bldg.

JAN 4 1946
JAN 7 1946

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. Thomas A. Brennan

Licensed Embalmer No. 1710

P. O. Address St. Joseph Mo

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.