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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. GOVERNMENT PRINTING OFFICE: 1945
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4018

State File No. _____

Registrar's No. 93

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution:
Res: 2312 Bristow, Vinita Park.
(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 St. Louis, 96

(c) City or town Overland, 13
(If outside city or town limits, write "RURAL")

(d) Street No. 2312 Bristow, Vinita Park. 1
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME DAISY MEREDITH HEAPES.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White.

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife William E. Heapes, Dec'd.,

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

7. Birth date of deceased November 22, 1865.
(Month) (Day) (Year)

| | | | |
|-----------------|-----------|------------|----------------------|
| 8. AGE: - Years | Months | Days | If less than one day |
| <u>80.</u> | <u>1.</u> | <u>18.</u> | hr. _____ min. _____ |

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

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name Alexander M. Tyler.

13. Birthplace Virginia. /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Young.

15. Birthplace Kentucky. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen H. Sanders.

(b) Address 2312 Bristow, Vinita Park.

17. (a) Burial. (b) Date thereof 1/12/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Blvd.,

19. (a) 1-12-46 (b) E. J. Mc...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th,
year 1946. hour 11:30 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 6 1946 to Jan 9 1946

that I last saw her alive on Jan 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo-carditis

Due to Hypertension

Due to 93d

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

Major findings:
Of operations _____

Of autopsy _____

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. J. Mc... (Date or other) _____
Address 2573 Woodson Rd. Date signed Jan 11

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. F. Snyder.
2573 a Woodson Rd,
WA: 1662.
Res: 8422 Midland,
WI: 1666.

1 to 5 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.