

S. No. 2
DM-2-43
v. 5-17-39
P. 1 X33697

11228

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2664**

FILED MAR 30 1946

Registration District No. _____ by Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 316 Laurel
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT HEUCHAN

MEDICAL CERTIFICATION

3. (b) If veteran, name war no 3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 19th
year 1946 hour 4:55 minute A M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

21. I hereby certify that I attended the deceased from 3/18/46
to 3/18/46
that I last saw him im alive on 3/18/46
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Mary R. O'Conner 6. (c) Age of husband or wife if alive 65 years

Immediate cause of death _____

7. Birth date of deceased: October 28 1878
(Month) (Day) (Year)

Due to Coronary thrombosis 24 hrs.

8. AGE: Years 67 Months 4 Days 19
If less than one day _____ hr. _____ min.

Due to Old encephalitis 13 yrs.

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

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

10. Usual occupation Salesman

Major findings: _____

11. Industry or business Mfr. Agent

Of operations _____

12. Name Robert Heuchan

Of autopsy _____

13. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Mary Arnold

15. Birthplace Covington, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. M. Heuchan

(b) Address 316 Laurel St. Louis, Mo.

17. (a) burial (b) Date thereof 3-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander & Bons

(b) Address 6175 Delmar Blvd.

19. (a) MAR 20 1946 (b) J. F. Budeak
(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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature H. J. Parker M.D.
1516 Lafayette 3/19/46

Address _____ Date signed _____

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. *Emb Cert filed separately*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.