

S. No. 2
M-8-43
S-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20815**
Registrar's No. **28**

FILED JUL 9 1946

Registration District No. **762**

Primary Registration District No. **5754251**

1. PLACE OF DEATH:
(a) County: **JEFFERSON**
(b) City or town: **KIMMSWICK Mo Rock**
(c) Name of hospital or institution: **1**
(d) Length of stay: **25 YEARS**
In this community **25 YEARS**

2. USUAL RESIDENCE OF DECEASED:
(a) State: **MO** (b) County: **JEFFERSON MO**
(c) City or town: **KIMMSWICK**
(d) Street No.: **0**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME: **MAYME DRAKE**
(b) If veteran, name war: _____
(c) Social Security No.: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **6** day **21** year **1946** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **20** 19 **46** to **6-21-46** 19 **46**
that I last saw her alive on **6-21-46** and that death occurred on the date and hour stated above.

4. Sex: **FEMALE** 5. Color or race: **WHITE**
6. (a) Single, widowed, married, divorced: **WIDOW**
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: **APRIL 13 1882**

Immediate cause of death: **Chronic Myocarditis**
Duration: _____

8. AGE: Years **64** Months **2** Days **8** If less than one day _____ hr. _____ min.

Due to: _____
Due to: _____
Other conditions: **Diabetes**
(Include pregnancy within 3 months of death)

9. Birthplace: **JEFFERSON CO MO**
(City, town, or county) (State or foreign country)

10. Usual occupation: **HOUSEWORK**

11. Industry or business: **HOUSEWORK**

12. Name: **MICHAEL TIERNEY**

13. Birthplace: **WESTON WEST VA.**
(City, town, or county) (State or foreign country)

14. Maiden name: **LOUISA BRUST**

15. Birthplace: **JEFFERSON COUNTY MO**
(City, town, or county) (State or foreign country)

16. (a) Informant: **FREDERICK DRAKE**

(b) Address: **KIMMSWICK MO**

17. (a) **BURIAL** (b) Date thereof: **JUNE 23 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **RICHARDSON CEMETERY**

18. (a) Signature of funeral director: **HEINIGTAG FUNERAL HOME**

(b) Address: **KIMMSWICK MO R.R. 2**

19. (a) **6-23-46** (b) **Phil J. Kirk**
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____

23. Signature: **Dr. Reel MD.** (M. D. or other) _____
Address: **Kimmswick** Date signed: **6/22/46**

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

MOTHER FATHER

145

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-8-46

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 Elmer Heiligtag
Licensed Embalmer No. 3571
P. O. Address Kimmwisch 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.