

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

26797

Registration District No.

113

Primary Registration District No.

5431

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Freeville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community 62 yrs
years, months or days)

3. (a) PRINT FULL NAME

Fred Stewart Heber

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

(b) Name of husband or wife Kellie Heber

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan 15, 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 24

If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Frank Heber
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Mary Stewart
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Stewart Heber
(b) Address Freeville Mo

17. (a) Burial (b) Date thereof 8-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeville Mo

18. (a) Signature of funeral director Cassey & Lenny
(b) Address St Clair Mo

19. (a) 8-26-1946 (b) E. H. Worthington
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Freeville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1946 hour minute 8 A. M.

21. I hereby certify that I attended the deceased from June 1
1946 that I last saw him alive on Aug 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial infarction

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature Worthington (M. D. or other)
Address Freeville Mo Date signed 8/24/46

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

RECEIVED
District Health Officer No. 9,
District File Number 9-46-59
Date Filed 9-6-46

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

R. M. Levin

Licensed Embalmer No.

3601

P. O. Address

St. Clair, 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.