

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10975

State File No. _____

1003

Registrar's No. 3530

Registration District No. _____ Primary Registration District No. _____

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community years
years, months or days

3. (a) PRINT FULL NAME: GUSTAV HEYSS

3. (b) If veteran, name war: no

3. (c) Social Security No: 699-05-8232

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife: Dorothy Baldwin Heyss

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: October 4 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>5</u>	<u>27</u>	hr. min.

9. Birthplace: Salzburg, Austria
(City, town, or county) (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: Taylor Instrument Company

12. Name: Karl von Heyss

13. Birthplace: Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name: Alette Tharlow

15. Birthplace: Norway 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Dorothy Baldwin Heyss

(b) Address: 6115 Pershing Ave.

17. (a) Cremation (b) Date thereof: Apr. 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Crematory

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

(b) Address: 7233 Delmar Blvd., U. City, Mo.

19. (a) APR 2 1947 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

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.: 6115 Pershing Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1,
year 1947 hour 11: minute 30 AM.

21. I hereby certify that I attended the deceased from December 3,
1946, to April 1, 1947,
that I last saw him alive on April 1, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation
and arteriosclerosis
Due to: Cardiovascular disease
Duration: 6 mo

Due to: _____

Other conditions: Bronchopneumonia
(Include pregnancy within 3 months of death) Ca of Prostata

Major findings:
Of operations: _____

Of autopsy: as above

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? _____ (c) Means of injury: _____

23. Signature: W. Baumgartner (M. D. or other) MD
Address: 3720 Washington Blvd. Date signed: 4/7/47

