

S. No. 2  
OM-5-43  
v. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11872

State File No. \_\_\_\_\_  
Registrar's No. 797

Registration District No. 347 Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence; 8909 Forest Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8909 Forest Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK HEYERS  
3. (b) If veteran, name war None  
3. (c) Social Security No. 488-26-1246

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 5 year 1947 hour 3:15 minute A. M.  
21. I hereby certify that I attended the deceased from Mar. 14 1947, to April 5 1947; that I last saw h. alive on \_\_\_\_\_, 1947; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Heyer.  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased January 27 1886  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion -  
Due to Arterio Sclerosis -  
Duration 1 day

8. AGE: - Years Months Days If less than one day  
61 2 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to 940  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Warehouse Receiver  
11. Industry or business Lincoln Engineering Co.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Chris Heyer.  
13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Gieck.  
15. Birthplace unknown Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Mary Winter Heyer.  
(b) Address 8909 Forest Ave.  
17. (a) Interment (b) Date thereof 4-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Laurel Hill Gardens Cemetery.  
18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 7233 Delmar Blvd  
19. (a) 4-8-47 (b) Cecelia J. Sh...  
(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) no  
(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) (e) Means of injury \_\_\_\_\_  
3. Signature Ray A. Heister (M. D. or other) \_\_\_\_\_  
Address 2438 Woodman Rd Date signed 4-7-47

Dr. R. A. Walters  
22438 Woodson Rd.,  
WI - 0256  
20 to 4

**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 Raymond L. Morris  
Licensed Embalmer No. 4330  
P. O. Address Maplewood, IN

**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.**