

No. 2
-1/47
-17-39

FILED **JAN 16 1948** **318**

Registration District No. Primary Registration District No. **1003**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution No. Baptist
(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 St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 536 West Jewel
(If rural, give location)

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

3. (a) PRINT FULL NAME John Burnie Hetherington

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1948 hour 8 minute 20 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Jane Zinn

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

7. Birth date of deceased July 5 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 17, 1947, to January 2, 1948;
that I last saw him alive on January 1, 1948
and that death occurred on the date and hour stated above.

Duration

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>5</u>	<u>27</u>	<u>8</u> hr. <u>20</u> min.

Immediate cause of death Carcinoma of Liver

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) H/O

9. Birthplace Elizabethtown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Livestock broker

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business retired

12. Name John Hetherington, Sr.

13. Birthplace Edinburgh Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Burnie

15. Birthplace Edinburgh Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard C. Meyer

(b) Address 536 W. Jewel Ave., Kirkwood, Mo.

17. (a) burial (b) Date thereof 1/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Rd., St. Louis 17,

19. (a) JAN 5 (b) J. F. Braddock
(Date received local registrar's) (Registrar's signature)

While at work..... (Specify cause of injury)

23. Signature Ray E. Maden MD (M. D. or other)

Address 126 E. Jefferson Date signed 1/3/48

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

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, 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.