No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

14204

FILED APR 30 1948

State File No. 3746

Registration District No. 318

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 Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4504 Louisiana
(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 Rad

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4504 Louisiana 9
(If rural, give location) 15 0

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

If yes, name country

3. (a) PRINT FULL NAME Henry Heusohn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. (Month) 15 (Day) 1863 (Year)

8. AGE: Years 85 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Waterloo Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Brewery Busch

11. Industry or business

FATHER
12. Name ? Conrad Heusohn
13. Birthplace ? Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Heusohn
(b) Address 4504 Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Church Yard

18. (a) Signature of funeral director Schumacher Und. Co.
(b) Address 3013 Meramec St.

19. (a) APR 20 1948 (Date received local registrar) (b) J. F. Bridack (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 19
year 1948 hour 8:45 minute A M.

21. I hereby certify that I attended the deceased from 4-15-48 4-15, 1948 to 4-17, 1948 that I last saw her alive on 4-17-48, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94

Major findings:
Of operations

Of autopsy

Duration
Sudden

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

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? 0 (Specify type of place)

While at work? (e) Means of injury

23. Signature Willard J. Hans M.D. (M. D. or other)

Address 4535 Vernon Date signed 4-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. HANS 60-0527
4535 VIRGINIA
10-11-AM 7-8-PM

Mrs

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 Francis Williamson

Licensed Embalmer No. 3565 — 2138 a East Fa

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.