

S. No. 304
M-10-47
v. 5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19746
Registrar's No. 185

Registration District No. 146

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/2 day
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

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

(d) Street No. 2813 Laclede Sta.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Fred John Wm. Heyn

3. (b) If veteran, name war none

3. (c) Social Security No. 487 12 4607

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1948 hour 10:35 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mrs. Emma Heyn

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct. 10, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 12 hr. min.

Immediate cause of death Circulatory Failure
acute coronary occlusion

Due to _____

Due to _____

Other condition (Include pregnancy within 3 months of death)

Major findings: Of operations Deputy Coroner

Of autopsy See Above

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

10. Usual occupation Custodian

11. Industry or business Maplewood High School

12. Name Fred Heyn

13. Birthplace unknown, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Joanna Miller

15. Birthplace unknown, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Heyn

(b) Address 2813 Laclede Sta. Maplewood, Mo.

17. (a) Removal (b) Date thereof 6/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Mo.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 6-24-48 (b) [Signature]
(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)

(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 _____ (e) Means of injury _____

23. Signature [Signature] (M. D.)
Address 2800 Main Date 6/23/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

8444

JUL 13 1946

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. A. Gish

Licensed Embalmer No.

4123

P. O. Address

Independence, 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.