

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 24353
6503
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County 3150 R. Easton
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3150 (Rural) Easton
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME George E Heavenly
3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex MALE 5. Color or race Nepri
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Abt. 1868
(Month) (Day) (Year)

8. AGE: Years Abt. 80 Months Nov. Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business unknown

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Edwards
(b) Address 3150 R. Easton

17. (a) burial (b) Date thereof 7-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Thomas

18. (a) Signature of funeral director [Signature]
(b) Address 3517 S. 2nd St. St. Louis

19. (a) JUL 23 1948 (Date received local registration)
[Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____ 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3150 R. Easton 0
21 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour _____ minute 25 P. M.
21. I hereby certify that I attended the deceased from July 10
1948 to July 21 1948
that I last saw him alive on July 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis?
Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of accident) _____ (Means of injury)
23. Signature [Signature] (M. D. or other)
Address 2748 1/2 Franklin Date signed 7-22-48

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

300
0-47
7-39
3906

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 .....

Licensed Embalmer No. 1123.....

P. O. Address 3517 S. L. Ave.....

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.