

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003State File No. 24355
Registrar's No. 6880

Registration District No. 318

Primary Registration District No. 1003

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:
3225 No. Florissant Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME..... James Heggeman3. (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.....
Agnes Heggeman
6. (c) Age of husband or wife if
alive 69 years
7. Birth date of deceased..... Dec. 23, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 10 hr. min.

9. Birthplace..... St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... Chauffeur Retired

11. Industry or business.....

12. Name..... Henry Heggeman 4
13. Birthplace..... Germany 1
(City, town, or county) (State or foreign country)
14. Maiden name..... Elizabeth Beyer
15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Agnes Heggeman(b) Address..... 4229 Lindell Blvd.

17. (a) Burial (b) Date thereof: 8-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery18. (a) Signature of funeral directors..... Arthur J. Donnelly(b) Address..... 3840 Lindell Blvd

19. (a) AUG 5 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000
(c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 No. Florissant Ave. 9
(If rural, give location)
(e) Citizen of foreign country?..... 0
(Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from.....
July 1st 1948 to August 3, 1948
that I last saw him alive on August 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Bh. Myocarditis 1 yr.
Gardio-vascular-renal
disease ???
Due to.....
Due to.....

Other conditions..... None
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... NoneOf autopsy..... None

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)..... 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?.....

White work?.....
Means of injury.....
23. Signature..... Bernard H. Heggeman (M.D. or other)
Address..... 2435 N. Grand Blvd. Date signed 8-4-48

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Floette

5428 Clemens Ave

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.