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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI CERTIFICATE OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 27812  
Registrar's No. 7304

FILED AUG 23 1948

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Enroute to City Hosp. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 yrs. (Specify whether years, months or days)  
In this community 35 yrs.

3. (a) PRINT NAME SAMUEL HIEKEN  
FULL NAME

3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret  
6. (c) Age of husband or wife if alive 1897 years  
7. Birth date of deceased Apr. 3, (Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 14  
If less than one day hr. min.

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

10. Usual occupation Jewelry

11. Industry or business Casimir Hieken

12. Name Casimir Hieken

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

14. Maiden name Russian

15. Birthplace Mrs. M. Hieken (City, town, or county) (State or foreign country)

16. (a) Informant 2445 Edison Cr. City, Ill.  
(b) Address Burial

17. (a) Burial (b) Date thereof 8/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4715 McPherson  
(b) Address AUG 20 1948

19. (a) 17 Bredeck (b) 17 Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County 99  
(c) City or town Granite City 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2445 Edison 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug. day 17 year 1948 hour 2:20 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 7 to Aug. 17  
19 48 to 19 48  
that I last saw him alive on Aug. 17  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Duration 10 min

Due to Chronic Myocarditis 2 years

Due to Arteriosclerosis 1 1/2 years

Other conditions 93  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93

Of autopsy 93  
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 place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. P. Elmer (M. D. or other)  
Address 601 University Club Bldg (3) Date signed Aug 18

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**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.....

P. O. Address.....

**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.**