

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP. 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28543**
Registrar's No. **50**

Registration District No. **219**

Primary Registration District No. **4469**

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

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

(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH HEIK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 24
year 1948 hour 2:15 minute A M.

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

that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: AUG 19 1878
(Month) (Day) (Year)

Immediate cause of death _____
FRACTURED SKULL, CAUSED BY BEING STRUCK BY AUTOMOBILE ON HIGHWAY N 25 STE. GENEVIEVE MO. ACCIDENTAL DEATH.

Due to _____

Due to VERDICT OF JURY

Other conditions VICTIM WAS WALKING ON HIGHWAY.
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

70 5 hr. _____ min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace STE. GENEVIEVE CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT

(b) Date of occurrence AUG 24 1948

(c) Where did injury occur? STE. GENEVIEVE - CO - MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
ON MO. HIGHWAY N 25 STE. GENEVIEVE MO.
(Specify type of place) (e) Means of injury B

23. Signature Res. C. Bacher (M.D. or other)
Address Ste. Genevieve Mo Date signed 8/24/48

11. Industry or business _____

12. Name JOHN HEIK

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

14. Maiden name CAROLINE MEYER

15. Birthplace ZELL MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Josias Heik

(b) Address Ste. Genevieve Mo

17. (a) BURIAL (b) Date thereof 8-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE MO.

18. (a) Signature of funeral director Res. C. Bacher

(b) Address Ste. Genevieve Mo

19. (a) 8-28-48 (b) Teresa M. Karl
(Date received local registrar) (Registrator's signature) (Initials)

RECEIVED

District Health Officer No. 4
District File Number 948-1158
Date Filed 9-10-48

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 W. Wilkinson
Licensed Embalmer No. 3575
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.