No. 2
—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1948

Registration District No. 1482

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5595

State File No. 30188

Registrar's No. 58

1. PLACE OF DEATH:

(a) County: JEFFERSON

(b) City or town: IMPERIAL Mo ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
HOME — IMPERIAL Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — — — (Specify whether years, months or days)
In this community 20 YEARS.

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JEFFERSON 50

(c) City or town: IMPERIAL Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No.: ROCK TOWNSHIP 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: VIRGIL HEARST

3. (b) If veteran, name war: WORLD WAR 1

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: HELEN WHITE HEARST

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: DEC. (Month) 22 (Day) 1899 (Year)

8. AGE: Years 48 | Months 9 | Days 14 | If less than one day — hr. — min.

9. Birthplace: DE SOTO (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation: MERCHANT

11. Industry or business: GENERAL MERCHANDISE

FATHER
12. Name: ROBERT HEARST
13. Birthplace: JEFFERSON Co. — Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: MARGARET POSTON
15. Birthplace: ST. LOUIS — Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. HELEN HEARST.
(b) Address: KIMMSWICK Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCT 8 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ OAK HILL CEM. KIRKWOOD Mo.

18. (a) Signature of funeral director: HEILIGTAG FUNERAL HOME
(b) Address: KIMMSWICK — Mo.

19. (a) OCT 8 - 48 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 6TH year 1948 hour 8TH minute 54 A. M.

21. I hereby certify that I attended the deceased from 7-27, 1948, to 10-6, 1948; that I last saw him alive on 10-6-48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma (Primary l. Temporal brain.)	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 513	
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: C. Reich M.D. (M. D. or other)
Address: Kimmswick Date signed: 10/7/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number OCT 12 1948
Date Filed

OCT 31 1949

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 Arthur W. Heiligtag

Licensed Embalmer No. 3872

P. O. Address Kimmswick 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.