

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17941

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2069		Registrar's No. 1038			
1. PLACE OF DEATH a. COUNTY St. Louis Co. M.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS COUNTY		96 10 a			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) LAWRENCE HEANEY			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 4-28-1949			
5. SEX male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-15-1913			
9. AGE (In years last birthday) 36		F UNDER 1 YEAR Months		F UNDER 2 HRS. Days		F UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Milwaukee, Wisc.			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Wm. Heaney		13b. MOTHER'S MAIDEN NAME Julia Ryan		13. NAME OF HUSBAND OR WIFE MRS. RUTH ANN HEANEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. R.A. Heaney, Rhineland, Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative Cerebral Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lung abscess at middle DUE TO (c) Lobar pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4908 10						INTERVAL BETWEEN ONSET AND DEATH 12 hours Jan 19 49	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Lung abscess at mid. lobe						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Apr 28, 19 49 to Apr 28, 19 49, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Ralph Hunsella (Degree or title) M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 4/28/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4-28-49		24c. NAME OF CEMETERY OR CREMATORY Rhineland, Missouri		24d. LOCATION (City, town, or county) (State) Rhineland, Missouri			
DATE REC'D BY LOCAL REG. 4-28-49		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Fun. Dir. 2849 N. Euclid					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

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Dr. Ralph Kinsella
3720 Washington
Pl. 5100

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *Robert L. Brinkman*
Licensed Embalmer No. *3553*

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.