

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **22368**

No. 300  
10-48

**FILED JUL 1 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **363** PRIMARY REG. DIST. NO. **6236** Registrar's No. **11**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Warren</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Unknown</b>	
b. CITY OR TOWN <b>Marthasville Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Needville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Emmaus Home</b>		d. STREET ADDRESS (If rural, give location) <b>Unknown</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Donald</b>			a. (First) <b>Donald</b>			b. (Middle) <b>Heuring</b>			c. (Last) <b>Heuring</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 18 1949</b>			
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never Married</b>		<b>8. DATE OF BIRTH</b> <b>Aug. 31, 1929</b>			<b>9. AGE</b> (In years last birthday) <b>19</b>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____		<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>				<b>11. BIRTHPLACE</b> (State or foreign country) <b>Needville, Texas</b>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>			

<b>13a. FATHER'S NAME</b> <b>Mike J. Heuring</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mathilda Roesler</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>John B. Ruhl</b>		<b>ADDRESS</b> <b>Marthasville, Mo.</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Stroke Epileptian</b>		<b>Antecedent Causes</b> <b>Epilipsy</b>				<b>3 days</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____				<b>like</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>2533</b>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from Jan 1933, to June 18, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at 4:10 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>[Signature]</b>		<b>23b. ADDRESS</b> <b>Marthasville Mo</b>		<b>23c. DATE SIGNED</b> <b>June 19/49</b>	
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<b>24a. BURIAL CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>June 22-49</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Unknown</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>Houston, Texas</b>	
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<b>DATE REC'D BY LOCAL REG.</b> <b>June 19/49</b>		<b>REGISTRAR'S SIGNATURE</b> <b>[Signature]</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>[Signature]</b>		<b>ADDRESS</b> <b>Marthasville, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

109  
0  
0

RECEIVED JUN 27 1949  
District Health Officer No. 9,  
District File Number

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Delbert F. Lutzberg*

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.