

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33136**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **151**

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY OR TOWN <b>Washington</b>		c. CITY OR TOWN <b>Rural-Charrette</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>2 1/2 mi. N. E. Concord Hill, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Marvin Joseph Henry Heggemann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 29, 1950</b>	
a. (First)	b. (Middle)	c. (Last)		

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Feb. 18, 1929</b>	9. AGE (In years last birthday) <b>21</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>11</b>	IF UNDER 4 HRS. Hours <b>11</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Peers, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Henry Heggemann</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Bocklage</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry J. Heggemann</b>	ADDRESS <b>Marthaeville, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatoid Heart Disease</b>		DUE TO (b)		<b>5 years</b>
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4167</b>

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 5, 1945**, to **Oct 29, 1950**, that I last saw the deceased alive on **Oct 29, 1950** and that death occurred at **3:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold H. Schmidt</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Marthaeville, Mo</b>	23c. DATE SIGNED <b>10-30-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/31/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Ignatius</b>	24d. LOCATION (City, town, or county) (State) <b>Concord Hill, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Oct 30, 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	99	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Marthaeville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 29 1950

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV - 6 1950

RECEIVED

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. ....

Signed \_\_\_\_\_

*Almont J. Zuchtinger*

Signed .....  
Student Embalmer

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.