

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 15 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10245**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3901 Shaw Ave. 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **4047 Botanical Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **Joseph A. Heaton**

3. (b) If veteran, name war..... 3. (c) Social Security No. **N.A.N.E**

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 **Mar. 15 1928**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>14</b>	<b>8</b>	<b>21</b>	hr. min.

9. Birthplace **St. Louis Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **None**

11. Industry or business.....

MOTHER FATHER { 12. Name **Paul H. Heaton**  
13. Birthplace **Mo. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ruth Wood**  
15. Birthplace **Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Heaton**  
(b) Address **4047 Botanical Ave.**  
17. (a) **Burial** (b) Date thereof **12-11-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **St. Peters Cem.**

18. (a) Signature of funeral director..... **Drehmann-Harral**  
(b) Address **1905 Union Blvd.**  
19. (a) **DEC 8 1942** (b) **J. J. Brueck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6**  
year **1942** hour **8** minute **30 P.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.

Immediate cause of death: **Internal hemorrhage from gunshot wound of both lungs and pulmonary artery while one James Harold Warren, was playing with a revolver in the Shaw Theatre, 3903 Shaw Boul., about 9:15 o'clock P.M. December 5, 1942. ACCIDENT.**  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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)..... **ACCIDENT 000**  
(b) Date of occurrence..... **12-5-1942**  
(c) Where did injury occur?..... **St. Louis, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**public place**  
(Specify type of place)  
While at work?..... (e) Means of injury.....

23. Signature..... **W. J. Perry 3** (M. D. or other)  
Address..... Date signed **12/8/42**

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

**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 *Robert M. Buford* .....

Licensed Embalmer No. *20273* .....

P. O. Address *St. Louis* .....

**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.**