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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 10953

FILED JUN 9 1943
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 14 days
(Specify whether

In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Pine Crest Nursing Home
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME William Alonzo Heavener

3. (b) If veteran, name war.....

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased: May 11, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 18

If less than one day
..... hr. min.

9. Birthplace: Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER

12. Name James Heavener

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Raymor

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address St. Louis City Hospital

17. (a) Autopsy (b) Date there May 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address 3207 Lafayette

19. (a) MAY 28 1943 (b) J. J. Basler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29, year 1943 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from March 15, 1943 to April 29, 1943 that I last saw him alive on April 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Organic senile psychosis

Due to Emaciation

Due to Generalized arteriosclerosis

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy None

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?

While at work..... (Specify type of place)

(c) Means of injury.....

23. Signature Thomas Susselman, M.D.
(M. D. or other)

Address 1515 Lafayette Avenue, Date stated 4/30/43

84K

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.....

Licensed Embalmer No.....

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.