DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32374

Primary Registration District No. 1003

Registrar's No. 9155

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: 6501 Minnesota /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6501 Minnesota 1
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME John Heaghney

3. (b) If veteran, name war No.

3. (c) Social Security No. 491-16-4991

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Hattie

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April (Month) 16 (Day) ~~1868~~ 1870 (Year)

8. AGE: Years ~~76~~ 74 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace --- (City, town, or county) 4 Ireland (State or foreign country)

10. Usual occupation Stationary engineer

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Hattie Heaghney

(b) Address 6501 Minnesota

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan

19. (a) OCT 28 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

Cause by state

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 14 year 1944 hour 1 15 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 24, 1944 to Oct. 26, 1944 that I last saw him alive on Oct. 25, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	24 hrs
Due to: Generalized Arteriosclerosis	2 years (?)
Due to: —	
Other conditions (Include pregnancy within 3 months of death): Coronary Arteriosclerosis; Cerebral Arteriosclerosis	

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward L. Gaujer (M. D. or other) M.D.

Address 2202 S. Broadway Date signed 10/26/44 St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

George N. Archambault, Registered Apprentice No. XXXXXXX

working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P.O. Address 7128 Michigan Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Verified by Insurance Policy issued by Prudential Life Ins.Co. in 1939.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis

State File No. 17

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9155

On this ..... day of ....., 194....., before me appears Mrs. Hattie Heaghney, who, upon her oath, states that the original record of ~~birth~~ death for John Heaghney, ~~born~~ died Oct. 26th, 1944 in the State of Missouri, and which was filed at St. Louis, Mo. on 10-28-, 1944, should be corrected as follows:

Item No. 7 should read April 16, 1870
Instead of April 16, 1868

Item No. 8 should read 74yrs.6mos.10days
Instead of 76yrs.6mos.10days

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Corrected 11-9-44

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X Mrs. Hattie Heaghney
Relationship.

6501 Minnesota Ave. 11
Present Address.

Subscribed and sworn to before me this 8 day of November, 1944

My Commission expires August 1946

Clarence Cochran
Notary Public.

Form V. S. 135
25M-1-15-42
I X31340