

#34967

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32378**

FILED NOV 1 1944

818

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **8906**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Missouri**

(c) Name of hospital or institution: **St. Louis City Hospital**

(d) Length of stay: In hospital or institution **4 days**

In this community **64 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **17**

(c) City or town **St. Louis**

(d) Street No. **4532 San Francisco**

(e) Citizen of foreign country? **0** (Yes or No)

3. (a) PRINT FULL NAME **George Heaven**

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

3. (c) Social Security No. **489-01-1323**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Feb. 22, 1880**

8. AGE: Years **64** Months **7** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Maintenance Man**

11. Industry or business **United Drug Co**

12. Name **James Heaven**

13. Birthplace **4 England** (City, town, or county) _____ (State or foreign country)

14. Maiden name **Mary Quinlan**

15. Birthplace **0 Mo.** (City, town, or county) _____ (State or foreign country)

16. (a) Informant **Charles J. Heaven**

(b) Address **4610 Tarselman**

17. (a) **Burial** (b) Date thereof **Oct. 21, 1944**

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Joseph A. Howard**

(b) Address **1619 S. Grand**

19. (a) **OCT 20 1944** (Date received local registrar)

J. F. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **18th** year **1944** hour **10:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **10/14/44** 19. **44** to **Oct. 18th** 19. **44**

that I last saw him alive on **Oct. 18th** 19. **44** and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Infarction**

Due to **Coronary Artery Thrombosis**

Due to **9/21/44**

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

Major findings: Of operations _____

Of autopsy _____

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) _____ (e) Means of injury **0**

23. Signature **C.W. Czuchra, M.D.** (M. D. or other)

Address **1515 Lafayette** Date **10/20/44**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Albert G. Hopper

Licensed Embalmer No..... *2971*

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.