National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 32232

FILED NOV 4 · 1948

Registration District No. 3 9 | Primary Registration District No. 3010 | Registrar's No. 325

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: " "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 504 N Ellis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days 2 mos. (Specify whether)
In this community: 74 years.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No.: 504 No Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: GUS L HEISE
3. (b) If veteran, name war: -
3. (c) Social Security No.: -

4. Sex: Male | 5. Color or race: White | 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: Jan (Month) 29 (Day) 1874 (Year)

8. AGE: Years 74 | Months 8 | Days 22 | If less than one day: hr. min.
9. Birthplace: Egypt Mills, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer.
11. Industry or business:
MOTHER / FATHER
12. Name: Wm Heise
13. Birthplace: Germany. (City, town, or county) (State or foreign country)
14. Maiden name: Hanna Reimann
15. Birthplace: Germany. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Anna Heise
(b) Address: Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park.
18. (a) Signature of funeral director: Jas H Lancer
(b) Address: Cape Girardeau Mo.
19. (a) 10-25-48 (Date received local registrar) (b) C. C. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 21
year: 1948 hour: 11 minute: 45 A.M.
21. I hereby certify that I attended the deceased from May 5, 1948 to Oct 21, 1948
that I last saw him alive on Oct 21, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion with myocardial Thrombosis	18 hr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN

Underline the cause of 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: 0

23. Signature: Charles F. Wilson (M. D. or other) MD
Address: 727 Broadway Date signed: 10/31/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Cape Girardeau, Mo.

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

RECEIVED

Health Officer No. 4

Number 1148-134

11-1-48

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 Joe McKeever

Licensed Embalmer No. 3395

P. O. Address Cape Girardeau

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.