MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3199

File No. F 798

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1324, St. Ange St., Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME William E. Heselmeyer

(a) Residence. No. 1324 St. Ange St., 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11 - 26

7. AGE: Years —; Months 3; Days 11; If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED —

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rose Bud (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Edw. Heselmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gerald (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Elizabeth Klinges

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cairo (STATE OR COUNTRY) Ill

14. INFORMANT Edw. Heselmeyer (Address) 1324 St Ange

15. FILED JAN 24 1927 Max C. Starcke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw it alive on ....., 19....., and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Status Lymphaticus

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) None

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) ....., M. D.

June 24 1927 (Address) Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mathews

DATE OF BURIAL 1-24 1927

20. UNDERTAKER Hetlage

ADDRESS 907 Chouteau

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Henry Eden Trend