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

Do not use this space.
16692

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003 File No. .....
City St Louis (No. 580 v Michigan Av St. ..... Ward) Registered No. 5622

2. FULL NAME Frank C Heim

(a) Residence. No. 580 v Michigan Av St., ... 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): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Augusta Heim

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8/16. 1859

7. AGE: Years 67 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: Printers Building

9. BIRTHPLACE (CITY OR TOWN): .....
(STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: L. Kraemer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Germany

14. INFORMANT: Paul Heim
(Address): 580 v Michigan Av

15. FILED MAY 17 1927 Max C. Starcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1926 to May 5, 1927 that I last saw him alive on May 4, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of lymphatics
53E
(duration) 1 yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Malnutrition
(duration) ..... yrs. ..... mos. ..... ds.

49

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? ..... DATE OF: no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) G. W. Bader, M. D
, 19 (Address) 5836 E. Virginia

*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 Louis Churchyard | DATE OF BURIAL: 5/17 1927
20. UNDERTAKER: Henry Alrose | ADDRESS: 3219 Russell

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.