

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

Do not use this space.

23188

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1903**

City **St. Louis** (No. **City Hospital**)

File No. ....

Registered No. **6883**

St. ....

Ward) ....

**2. FULL NAME**

(a) Residence. No. **1477 Market** St., ..... Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **66** yrs. .... mos. .... da. ....

How long in U.S., if of foreign birth? yrs. .... mos. .... da. ....

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**4. COLOR OR RACE**

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

*Female*

*White*

*married*

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) *Sept 25 1860*

**7. AGE**

YEARS **66**

MONTHS **10**

DAYS **12**

If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

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

*Housewife*

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

(c) Name of employer

**9. BIRTHPLACE** (CITY OR TOWN) *St. Louis*

(STATE OR COUNTRY)

**10. NAME OF FATHER** *Mr. Heidemau*

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN)

(STATE OR COUNTRY)

*Germany*

**12. MAIDEN NAME OF MOTHER** *Marie Malberg*

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN)

(STATE OR COUNTRY)

*Germany*

**14.**

INFORMANT (Address) *St. Peter's City Hospital*

**15.**

FILED

19

*Mar 6 Starckoff*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) *July 27 19 27*

**17.**

I HEREBY CERTIFY That I attended deceased from *May 3* 19 *27* to *July 27* 19 *27* that I last saw him alive on *July 27* 19 *27* and that death occurred, on the date stated above, at *4:30 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic myocarditis*

**CONTRIBUTORY (SECONDARY)**

*Partial bowel obstruction*

*Strangulated Hernia*

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE IN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

*Henry C. Westerman, M.D.*

(Address)

*City Hospital*

\*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**

**DATE OF BURIAL**

*St. Peter's*

*July 30 19 27*

**20. UNDERTAKER**

**ADDRESS**

*By Leidner Und Co St. Market*

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.

HOSPITAL RECORD

Aguro.