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

Do not use this space.

26915

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township — Primary Registration District No. 3016 — Registered No. 50

City Washington (No. ..... St. ..... Ward)

2. FULL NAME Bernhard Henry Heor

(a) Residence. No. 212 Jefferson St. St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1925

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	5	7	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER August Heor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington, (STATE OR COUNTRY) m Mo.

12. MAIDEN NAME OF MOTHER Rosella Eilermann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

14. INFORMANT Mr. August Heor (Address) Washington Mo.

15. FILED Sep. 10 1927 O. L. Muench REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10 — 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 3 — 1927, to Sept. 10 — 1927, that I last saw him alive on Sept. 10 — 1927, and that death occurred, on the date stated above, at 11 50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Entero-Colitis

120B 114B

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) none

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) Hamay, M. D

Sep. 10, 1927 (Address) Washington Mo.

*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
Catholic Cemetery, Washington	Sept 12 1927

20. UNDERTAKER	ADDRESS
Otto & Company	Washington

...supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.