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.

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

Do not use this space.

34749

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9875

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

2. FULL NAME Ralph Heimbacher

(a) Residence. No. 1450 Clinton St. 26 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13 - 1927

7. AGE: Years | Months 4 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nihil
(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)

PARENTS

10. NAME OF FATHER ~~[illegible]~~
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ~~[illegible]~~
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Heimbacher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ~~Missouri~~
(STATE OR COUNTRY)

14. INFORMANT O Rowan
(Address) City Hospital

15. FILED NOV -5 1927 19 Mary C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1927, to Nov 4, 1927, that I last saw him alive on Nov 4, 1927, and that death occurred, on the date stated above, at 12 20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute enteritis
Diarrhea 1198

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

CONTRIBUTORY (SECONDARY) 1138

(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? .....

11/4 1927 (Signed) Edmund R. Sheridan 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: Potosi Mo. | DATE OF BURIAL: Nov 6 1927

20. UNDERTAKER: McLaughlin 1631 | ADDRESS: Mo. Ave.

Heimbacher