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

Do not use this space.

38650

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 11348

City St. Louis (No. 5171 Waterman Ave St. ..... Ward)

2. FULL NAME Nellie C. Heyss

(a) Residence. No. 5171 Waterman St., 12 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 6-1874

7. AGE: Years 53 | Months 5 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): West field
(STATE OR COUNTRY): N. Y.

PARENTS

10. NAME OF FATHER: Wm J. Bogert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Martha Casilear
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): N. Y.

14. INFORMANT: Gustav Heyss
(Address): 5171 Waterman

15. FILED DEC 19 1927, 19.. Max C Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1927, to Dec. 18, 1927, that I last saw her alive on Dec. 18, 1927, and that death occurred, on the date stated above, at 3:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
93C
1097
(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis
(duration) 1-2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? NB

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Walter Baumgarten, M. D

Dec. 19, 1927 (Address) Beaumont Med. Bldg

*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: West field N. Jersey
DATE OF BURIAL: Dec 23 1927

20. UNDERTAKER: C. R. Lupton
ADDRESS: Olive St 4449

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.

3720 Washington
Bomont Bldg -
9/2-16