

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

Do not use this space.

3386

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **2344 Carr St.**)

File No.
 Registered No. **1015**
 St. Ward

2. FULL NAME

Walter Heams
 (a) Residence. No. **2344 Carr** St., **21** Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** Col **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 11, 1873**

7. AGE
 YEARS **57** MONTHS **3** DAYS **15**
 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Tinsman**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Walker Soap Factory**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Miss.**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Malichie Heams**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Miss.**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mellie Maggrett**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Miss.**
 (STATE OR COUNTRY)

14. INFORMANT **2344 Alice Heams**
 (Address) **2344 Carr St.**

15. FILED **23 1008** **May 6 Starneoff**
 19 **REGISTRAR**

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 26 1928**

17. I HEREBY CERTIFY That I attended deceased from **Jan 15th** **1928** to **Jan 26 1928**
 that I last saw him alive on **Jan 25 1928**, and that death occurred, on the date stated above, at **12:20 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
 (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? **Physical findings**
 (Signed) **J. J. James** M. D.

1928 (Address) **2312 Market**

*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**

Brookers Washington Cem. **11/31 1928**

20. UNDERTAKER **ADDRESS**
R. McR. Green **3577 Lechade**

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.

WHILE IN LINE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

J. J. James
2131 Market

