

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

Do not use this space.

3460

1. PLACE OF DEATH

County..... Registration District No. 791 File No.
 Township St. Louis Primary Registration District No. 1003 Registered No. 1092
 City..... St. Ward)

2. FULL NAME

(a) Residence. No. 1011 Seward St., 63 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Heumann</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 25-1888</u>		
7. AGE	YEARS	MONTHS
<u>43</u>	<u>6</u>	<u>7</u>
8. OCCUPATION OF DECEASED <u>Labored</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>Germany</u>		
10. NAME OF FATHER <u>Josef Heumann</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u>		
12. MAIDEN NAME OF MOTHER <u>anderson</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u>		
14. INFORMANT <u>Anna Heumann</u> (Address) <u>1011 Seward Str.</u>		
15. FILED <u>JAN 30 1928</u> <u>Mar. B. Starckoff</u> REGISTRAR		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1927, to Jan 27, 1928
 that I last saw h. alive on Jan 27, 1928, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bright Disease
131 Chronic Myocarditis
930 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 1290 (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:
 (Signed) Robert Sanders, M. D.
Jan 27, 1928 (Address) 1012 Seward av

*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 St Peter & Paul DATE OF BURIAL Jan 30 1928

20. UNDERTAKER Anderson ADDRESS 76 1718 69

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.

