28 1928

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.

10562

1. PLACE OF DEATH
County St Louis Registration District No. 1160 File No. 39
Township Central Primary Registration District No. 4470 Registered No.
City University City (No. 817 Westgate St. Ward)

2. FULL NAME Isaac Heiman
(a) Residence. No. 817 Westgate St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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 male
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 Bertha Heiman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5, 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	2	23	

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

9. BIRTHPLACE (CITY OR TOWN) Chernigow
(STATE OR COUNTRY) Russia

PARENTS
10. NAME OF FATHER Jonas Heiman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)

14. INFORMANT Mrs Bertha Heiman not
(Address) 817 Westgate

15. FILED 3-29, 1928 E. Lillian Bruns REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1928

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1928, to March 28, 1928 that I last saw him alive on March 28, 1928, and that death occurred, on the date stated above, at 11 40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia
9SH
GRD 880
(duration) 0 yrs. 0 mos. 1 ds.

CONTRIBUTORY (SECONDARY) Acute myocarditis
(duration) 0 yrs. 0 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? NO. DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Roland Skieffer, M. D
3/29, 1928 (Address) 4500 Olive

*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 Chesed Shel Emeth
DATE OF BURIAL 3/30 1928

20. UNDERTAKER H B Berger
ADDRESS 4715 McPherson