

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

Do not use this space.

18418

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170  
 Township Central Primary Registration District No. 6248 H  
 City Richmond Heights St. St. Mary's Hospital (Ward)

File No. \_\_\_\_\_  
 Registered No. 127

**2. FULL NAME**

Elsa Heuduck

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Webster Groves, Mo.  
 (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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul J. Heuduck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	47	11	--	

**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) Germany  
 (STATE OR COUNTRY)

10. NAME OF FATHER Fritz Harms

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

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know  
 (STATE OR COUNTRY)

14. INFORMANT Paul J. Heuduck  
 (Address) Webster Groves, Mo.

15. FILED 5/20, 1928 Co-L-Jeramo  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19, 1928

17. I HEREBY CERTIFY That I attended deceased from May 19, 1928 to May 19, 1928 that I last saw him alive on May 18, 1928, and that death occurred, on the date stated above, at 3 AM

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Post-Operative Peritonitis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Carcinoma Stomach  
Cylince End + Cervix  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED At home  
 (IF OTHER PLACE OF DEATH) \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) [Signature] M. D.  
 5/19, 1928 (Address) Summit Club 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 Missouri Crematory DATE OF BURIAL May 21, 1928

20. UNDERTAKER J. W. Gubben & Sons & Co ADDRESS 2842 Leranec

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.

*Carroll*  
*U.S.*

