

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *4533^a Athlone*)

**791
1003**

File No.....

25428

Registered No. **7240**

St. Ward)

2. FULL NAME

Ammie E. Heidemann

(a) Residence. No. *4533^a Athlone* St. *10* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *62* 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)

Widowed

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

Widowed

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

Feb. 28, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

62

4

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Brighton, Ill.

(STATE OR COUNTRY)

10. NAME OF FATHER

Carl Brummel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Not known

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

" "

(STATE OR COUNTRY)

14. INFORMANT

Charles Heidemann

(Address)

4533^a Athlone

15. FILED

11 1928

Max C. Stark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 10, 1928

17.

I HEREBY CERTIFY, That I attended deceased from *July 10, 1928* to *July 10, 1928*, that I last saw him alive on *July 9, 1928*, and that death occurred, on the date stated above, at *5:45 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart failure

CONTRIBUTORY (SECONDARY)

chronic myocarditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT IN PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Carl Orth

July 11, 1928 (Address)

1437 Penrose St

*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

Zion

July 13, 1928

20. UNDERTAKER

Huedmeyer

ADDRESS

3934 N. 20

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.

PERMANENT RECORD

