SEP 27 1928

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

Do not use this space.

28275

1. PLACE OF DEATH

County [illegible] Registration District No. 757 File No. 8

Township Primary Registration District No. 3036 Registered No. 128

City St. Charles Mo (No. St. Ward)

2. FULL NAME Conrad Heberer

(a) Residence. No. 428 Jefferson St., 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: Male
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: Mrs. Heberer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 13 – 1840

7. AGE: Years 87 | Months 9 | Days 13 | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Darmstadt Ill

PARENTS

10. NAME OF FATHER: Geo Heberer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Weitmeena
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Wm Pundmenar
(Address) 428 Jefferson St.

15. FILED 8/27, 1928 Ky G. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 26 1928

17. I HEREBY CERTIFY, That I attended deceased from July 13th, 1928 to Aug 26th, 1928 that I last saw him alive on June 28th, 1928, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart
97 Arch
958 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Gen Art Sclerosis
(duration) 5 yrs. mos. 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? Sign & Symp
(Signed) A P Ebel Schne M. D
Aug 20, 1928 (Address) St Charles Mo

*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: Darmstadt Ill
DATE OF BURIAL: Aug 29 1928

20. UNDERTAKER: Hull Und. Co.
ADDRESS: ~~Darmstadt~~ New Athens Ill

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.