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

Do not use this space.

28993

File No. 8207

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Westminster Hospital St. Ward)

Registration District No. 2008

Primary Registration District No.

2. FULL NAME Marie Hiemeier

(a) Residence. No. 3540 Indiana Ave. St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Hiemeier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25, 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	79	7	23	

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) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Fred Wangenalker

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Mrs Carrie Stempler
(Address) 4251 N [illegible]

15. FILED AUG 22 1928, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1928, to Aug 16, 1928, that I last saw ... alive on Aug 16, 1928, and that death occurred, on the date stated above, at 7 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1 Acute Cardiac Dilitation
2 Hypertension
3 Senile Decay
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Failing of heart of Long standing
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH, 3540 Indiana Ave.
DID AN OPERATION PRECEDE DEATH? DATE OF no
WAS THERE AN AUTOPSY?
WHAT TESTS CONFIRMED DIAGNOSIS?
(Signed) Wm A Haight, M. D
, 19 (Address) 8613 Halls Ferry Rd

*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 Jefferson | DATE OF BURIAL Aug 20 1928

20. UNDERTAKER Walter Hermann & Son 4103 | ADDRESS 4 Houston

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD