

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

Do not use this space.

35034

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. Desoto 2d Precinct) St. Ward)

2. FULL NAME

(a) Residence. No. 4163 Prairie Ave. 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma S. Heck (Gauhe)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
66 5 6 0 0 0

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Not known
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Margaret Walter
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Emma S. Heck
 (Address) 4163 Prairie Ave.

15. FILED Oct 12 1923 Mar B Starkoff
 19..... REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 11 1928
 17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93E
Wnea (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 901B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 901B
 IF NOT AT PLACE OF DEATH.....
 8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY Yes

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) J. J. Connel, M. D.
12/2, 1928 (Address) Connel

*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 ReThany DATE OF BURIAL Oct. 13 1928

20. UNDERTAKER Math. Hermann & Son ADDRESS 3950 Partin Ave

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.

