

JAN 28 1929

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

Do not use this space.

42447

1. PLACE OF DEATH

County St. Louis  
Township Central  
City University City

Registration District No. 1160  
Primary Registration District No. 4470

File No. 110  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence No. 7318 Melrose 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. 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20<sup>th</sup> 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 | 11 | 18 | \_\_\_\_\_

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Salesman  
(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 Edw. Heidner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Charlotte Holloway

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo.  
(STATE OR COUNTRY)

14. INFORMANT Edith Heidner  
(Address) 7318 - Melrose, University City, Mo.

15. FILED 12-9-28 William Evans REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1928

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

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental trauma from fire arms  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 18  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Brain shot wound  
(Signed) John O'Connell M. D.  
9-9-19 (Address) Cornes of St. Louis County

\*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 Bellefontaine DATE OF BURIAL Dec 10 1928

20. UNDERTAKER Math Hoffman ADDRESS 2061 Pers Ave

K. E.—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.

