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

Do not use this space.

36687

File No. .....

Registered No. 255

1. PLACE OF DEATH

County Cole Registration District No. 213

Township ..... Primary Registration District No. 3014

City Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Alexander Heberle

(a) Residence. No. 420 W McCarty St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13 - 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	10	13	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hermann Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Max Heberle

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

12. MAIDEN NAME OF MOTHER DK

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

14. INFORMANT Mrs A Heberle
(Address) 420 W McCarty

15. FILED 12/9 1929 S W Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1929

17. I HEREBY CERTIFY, That I attended deceased from 1924, 19....., to Nov 17, 1929 that I last saw h..... alive on Nov 17, 1929 and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Cardiac (Chronic) Cardiac disease Chronic Mitral

92A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90A (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) S W Bedford, M. D.

11-18, 1929 (Address) JC 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	DATE OF BURIAL
St Peters Cem	11/20 1929

20. UNDERTAKER	ADDRESS
Hanson & Tanner	JC Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1924 8 31 10 31

8