

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

Do not use this space.

10967

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St Louis mo (No. St Anthony's Hospital St. Ward)

File No.
 Registered No. 2997

2. FULL NAME

(a) Residence. No. 4705² Pennsylvania St. 15 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Boing</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 23 1874</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>2</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.		

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)..... Self
 (c) Name of employer.....

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

10. NAME OF FATHER August Heitzler
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Magdalena Mueller
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Herman Boing
 (Address) 4705² Pennsylvania St.

15. FILED 291 1933 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-24 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/18 1930, to 3/24 1930 that I last saw her alive on 3/24 1930 and that death occurred, on the date stated above, at 11:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Maligiancy
Carcinoma

CONTRIBUTORY General debility
Maligiancy Carcinoma
 (duration) yrs. mos. ds.
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH..... 4705² Pennsylvania St.

1 DID AN OPERATION PRECEDE DEATH? No DATE OF 3/19/30
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Exploration of chest
 (Signed) [Signature] M. D.

3/24 1930 (Address) 2844² California
 *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 St Peter + Paul Ch DATE OF BURIAL 3-27 1930

20. UNDERTAKER Weick Bros 2201 So Grand ADDRESS

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.

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