

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

Do not use this space.

14390

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis (No. City Hospital)

File No.....

Registered No. 3734

St. Ward)

2. FULL NAME

(a) Residence. No. 4971 Magnolia St. 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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

Bertha Heckwood

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

Jan 19 - 18 83

7. AGE

YEARS 47

MONTHS 20

DAYS 25

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Servant

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

Spriet Park Nursing

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Edna Heckwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Mollie Cool

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14. INFORMANT

(Address)

City Hospital

15. FILED

APR 14 1933

Max C. Starker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Apr 13 1930

17.

I HEREBY CERTIFY, That I attended deceased from Apr 11 1930, to Apr 13 1930 that I last saw him alive on Apr 13 1930 and that death occurred, on the date stated above, at 9:00

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Delirium Tremens

754

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)

750 Chronic Alcoholism

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IDENTIFY PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ben Margulies, M. D.

14, 1930 (Address)

*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

Missouri Crematory

Apr 16 19 30

20. UNDERTAKER

ADDRESS

Pety Bros 309 Lafayette

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.

Heckroalf.