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

Do not use this space.

17746

1. PLACE OF DEATH
County ..... Registration District No. 791 ..... File No. .....
Township ..... Primary Registration District No. 1002 ..... Registered No. 4840.
City St. Louis (No. Mississippe River Ft. Clark Av. St. ..... Ward)

2. FULL NAME Joseph Heeb
(a) Residence. No. 2609a Iowa St., 23 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 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~~ Drucilla Heeb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	10	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Stewart-Scott Print. Co
(c) Name of employer

18 2

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

1

PARENTS

10. NAME OF FATHER John Heeb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Julia Schweeckert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

10

14. INFORMANT Drucilla Heeb
(Address) 2609a Iowa

15. FILED MAY 17 1930 Max C Nankey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1930

17. No Physician in attendance.
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 12 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxiation due to drowning

166 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Suicide (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) John J. Hurley, M.D.
5/16, 1930 (Address) Deputy Coroner

B/69

*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 Pauls Churchyard
DATE OF BURIAL 5-19 1930

20. UNDERTAKER Wm Schumacher
ADDRESS 3013 Meramec

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.