

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

Do not use this space.

36120
= 4525

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township East Primary Registration District No. _____
City K.C. Mo. (No. 3722 Park Ave.) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Chas. L. Heichelman
(a) Residence. No. 3722 Park Ave., 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Emma Heichelman

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

Jan-28-1872

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
58	9	8	

8. OCCUPATION OF DECEASED

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

Photographer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Denmark

PARENTS

10. NAME OF FATHER no Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) no Record

12. MAIDEN NAME OF MOTHER no Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) no Record

14. INFORMANT Mrs. Emma Heichelman
(Address) 3722 Park Ave

15. FILED 11/8 1930 W.M. Creedy REGISTRAR

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

Nov-6-1930

17.

I HEREBY CERTIFY, That I attended deceased from Nov 5-1930, 1930, to Nov 6-1930, 1930, that I last saw him alive on Nov 6, 1930, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
945
100
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

High Blood Pressure

Don't know, (duration) x yrs. x mos. x ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. 3722 Park

DID AN OPERATION PRECEDE DEATH? no DATE OF x

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John W. Decker, M. D.

11/6 1930 (Address) 3704 Euclid

*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

Memorial pk Nov-10, 1930

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster K.C. Mo.

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

2404 *Urethra*

Li-0326