

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.

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

Do not use this space.

37259

1. PLACE OF DEATH  
 County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033 B  
 City Forest View (No. 7615) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Marie Heisen  
 (a) Residence. No. 7615 Forest View St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 2 29

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House Work  
 (b) General nature of industry, business, or establishment in which employed (or employer) At Home  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER August Heisen

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

12. MAIDEN NAME OF MOTHER Maria Miffitt

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

14. INFORMANT Herman Heisen  
 (Address) 7615 Forest View

15. FILED 11/23 1930 Pella Gray M. D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-1, 1925, to 11-21, 1930, that I last saw her alive on 11-21, 1930, and that death occurred, on the date stated above, at 8:15 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary Thrombosis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis  
 (duration) 10 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings  
 (Signed) Geo. H. C. ... M. D.  
11-27 - 1930 (Address) 7303 - Notwood Bridge Rd.

\*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 Putt's Burial Pa. DATE OF BURIAL Nov 24 1930

20. UNDERTAKER Cullen Kelly ADDRESS 4514 Easton

