

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

Do not use this space.

40599

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township

Primary Registration District No. 4471

City Webster Groves

No. 930 Tuledo Blvd.

File No. _____

Registered No. 94

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. 930 Tuledo Blvd. 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

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

Margaret Heuman

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

Feb 22, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48

9

11

8. OCCUPATION OF DECEASED

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

Physician

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis, Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

August Heuman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Minnie Sieball

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Mrs Margaret Heuman
930 Tuledo Blvd

15.

FILED

12/4 1930

Dr. A. W. Westrup
G. Carlock
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Dec 3 1930

17.

I HEREBY CERTIFY, That I attended deceased from Nov 24, 1930, to Dec 3, 1930.

that I last saw him alive on Dec 2, 1930, and that death occurred, on the date stated above, at 1:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis

17X

91A

sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Heart failure

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Final

(Signed) Carl W. Wachenfeld, M. D.

Dec 3, 1930 (Address) 990 Grand

*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

Valhalla Cemetery

12-6 1930

20. UNPERTAKER

ADDRESS 4228

Kriegshausen & Co
20 Kingshighway

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.

JAN 22 1931

