

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

Do not use this space.

16239

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Townsh. St. Louis Primary Registration District No. 7003
 City St. Louis (No. St. Paul Hosp.) Registered No. 4726
 St. _____ Ward _____

2. FULL NAME

Renaud Louis Heydt
 (a) Residence, No. Conway's Spauld Pds., St. 1 Ward 6 St. Louis Co. Mo.
 (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 Hilday Heydt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>47</u>	<u>6</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President of ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Accident Fire apparatus

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME John B. Heydt

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

15. MAIDEN NAME Caroline Weidman

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

17. INFORMANT (ADDRESS) Hilday Heydt Conway's Spauld Pds.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 4-21-1931

19. UNDERTAKER Krieger-Hausen & Sons (ADDRESS) 4228 2nd St. St. Louis

20. FILED 20 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4/12/31, 1931, to 4/18/31, 1931.
 I last saw him alive on 4/18/31, 1931. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
108 109
 Other contributory causes of importance: None

Date of onset	<u>4/11/31</u>
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Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1931
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. H. Bigler, M. D.
 (Address) 4743 Linden

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

