

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

Do not use this space.

23604

1. PLACE OF DEATH

County..... Registration District No. **781**
Township..... Primary Registration District No. **100B**
City St. Louis (No. City Hospital)

File No.
Registered No. **7121**
St. Ward)

2. FULL NAME

Dorothy Heicke
(a) Residence, No. 2014 a. So. 2nd St. 23 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME Adolph Heicke

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Catherine Doty

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

17. INFANT (ADDRESS) Hospital Information
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marys DATE June 29, 1931

19. UNDERTAKER (ADDRESS) Wick Bros
2201 S. Grand St.

20. FILED JUN 29 1931 W. C. Standen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1931, to June 25, 1931
I last saw her alive on June 25, 1931. Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:

Fibrinous Pericarditis
(cardiac decompensation)

Other contributory cause of importance: 25
St. Static Pneumonia #103

(Congestion of liver + lungs)

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

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?
If so, specify

(Signed) Raymond H. Jacobs, M. D.
(Address) City Hospital

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

