

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 392  
Primary Registration District No. 4002  
(No. St. Luke's Hospital)

File No. 25056  
Registered No. 3050  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

WILLIAM HEIMKE

(a) Residence. No. 1024 South Broadway St., X Ward. Leavenworth, Kansas  
(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 Married  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Power Heimke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1853

7. AGE YEARS MONTHS DAYS 78 0 6  
IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Diplomat  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Versailles  
(STATE OR COUNTRY) France

10. NAME OF FATHER Charles Heimke

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

12. MAIDEN NAME OF MOTHER Marie Louise

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

14. INFORMANT Mrs. Louise Heimke  
(Address) Leavenworth, Kansas

15. July 14 1931 M. M. Crowe  
REG. ans REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14, 1931

17. I HEREBY CERTIFY, That I attended deceased from 6/13, 1931, to 7/14, 1931, that I last saw him alive on 7/14, and that death occurred, on the date stated above, at 9:22 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Embryoma of Gall Bladder  
Metastases throughout  
intestinal tract

(duration) yrs. mos. 4 ds.  
CONTRIBUTORY (SECONDARY) Prostatic Hypertrophy

(duration) 1 yrs. 6 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED 12/17  
12/18  
1918

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Blood in stomach

(Signed) J. Edward Burns, M. D.

7/14, 1931 (Address) 1210 Professional Bldg.  
\*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 Leavenworth, Kansas

DATE OF BURIAL 7/15 1931

20. UNDERTAKER Stine & McChere

ADDRESS 3235

William Plaza

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.

Dr. J. C. ...

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2 - 11/30