

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

Do not use this space.

**1. PLACE OF DEATH**

County St Charles  
Towship Femmossage  
City (No. ....) (Ward) .....

Registration District No. 913  
Primary Registration District No. 5996B

File No. 29201  
Registered No. ....  
St. .... Ward)

**2. FULL NAME Theodore Heuman**

(a) Residence. No. .... 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 **Husband of Theo Heuman**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 30 1864**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>1864</b>	<b>65</b>	<b>9</b>	<b>6</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Farming**  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) **St Charles**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Theo Heuman**

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

12. MAIDEN NAME OF MOTHER **Dorothy Drier**

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

14. INFORMANT **Alvin Heuman**  
(Address) **Residence No**

15. FILED **9-8-31** **O. R. ...**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 5 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 4** to **Aug 5 1931** that I last saw him alive on **Aug 5, 1931**, and that death occurred, on the date stated above, at **9 P.M.**

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

**171**  
**93 Chronic myocarditis**  
(duration) **1** yrs. .... mos. .... ds.  
CONTRIBUTORY **ptomaine poisoning**  
(SECONDARY) (duration) .... yrs. .... mos. **2** ds.

18. WHERE WAS DISEASE CONTRACTED **At home**  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF .....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical**

(Signed) **Robert H. Schmitt**, M. D.  
, 19 (Address) **Madisonville Mo**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Sohlenrsburg Mo** DATE OF BURIAL **Aug 8 1931**

20. UNDERTAKER **Morris Muschany** ADDRESS **Hamburg Mo**

WHITE PLAIN, 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.

SEP 25 1931

