

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

Do not use this space.

29969

**1. PLACE OF DEATH**

County..... Registration District No. 79  
 Township..... Primary Registration District No. 100E  
 City St. Louis (No. 2125, Pestelloggi ST St. .... Ward 9030)

**2. FULL NAME** Anna Heinsch

(a) Residence. No. 2125 Pestelloggi St. 24 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 19 - 1856</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>
	DAYS <u>5</u>	IF LESS than 1 day, .....hrs. or .....min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>At Home</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Housework</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Delaware  
 (STATE OR COUNTRY)  Iowa

PARENTS	10. NAME OF FATHER <u>Louise Korman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Winkler</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Winkler</u>

14. INFORMANT Harry J. Heinsch  
 (Address) 2125 Pestelloggi St.

15. AUG 24 1931 FILED Wm C. Stovler  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931, to Aug 24, 1931 that I last saw h. alive on Aug 24, 1931, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
(apoplexy) / 24/31  
6:30 a.m. (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY)  
non alcoholic (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Home

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) A. E. Tunk M. D.  
Aug 24 1931 (Address) 5014 1/2 Jefferson

\*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 St. Peter - Paul Church DATE OF BURIAL Aug 27 1931

20. UNDERTAKER pt. G. G. G. 2630 Gravois Ave.

WRITE PLAINLY, 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.

2-3

3026 S. 4th

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