

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1013**
 City **St. Louis Mo.** (No. **5601 Lisette Ave.**) St. Ward)

File No.
 Registered No. **10688**

2. FULL NAME

Mary Heinkel
 (a) Residence. No. **5601 Lisette Ave.** St. **2** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept. 19-1851**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	1	0	0	

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER **Unknown**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **John Heinkel**
 (Address) **5601 Lisette Ave.**

15. FILED **OCT 21 1931** **Mary C Starkoff**
 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 19-1931**

17. I HEREBY CERTIFY, That I attended deceased from **Nov. 1928** to **Oct. 19 1931** that I last saw her alive on **Oct. 19 1931**, and that death occurred, on the date stated above, at **6:55 P. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis chronic
 (duration) **1** yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) **Arteriosclerosis nephritis chronic**
 (duration) **1** yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? **No** DATE OF
 WAS THERE AN AUTOPSY? **No**
 WHAT TEST CONFIRMED DIAGNOSIS? **Phys. findings**
 (Signed) **W. B. Burleigh** M. D.
 10/19/1931, (Address) **4755 Michigan**

*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 **S. S. Peter + Paul Cem.** DATE OF BURIAL **10/22-1931**

20. UNDERTAKER **Ziegenhain Bro. 26236 Pecader St.** ADDRESS

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.

RECORD

