

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

Do not use this space.

38886

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4470
 City University City (No. Mrs. Knight & Olive St. Rd.) St. _____ Ward _____

2. FULL NAME Herman Heidland

(a) Residence, No. 5804 Maple Ave., 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillian Heidland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 10, 1879</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>7</u>
	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baker</u>	
	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) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Fred. Heidland</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>Henrietta Reimer</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Lillian Heidland</u> <u>5804 Maple Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hiram Cemetery</u> DATE <u>Nov. 28, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. L. Pleitach, Inc.</u> <u>5466 Easton Ave.</u>		
20. FILED <u>Nov. 27, 1931</u> <u>Anna V. Moller</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Suicide by firearm
shot and stab. 8
months duration
167
 Date of onset 15/31

Other contributory causes of importance:
167

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Suicide Date of injury 9/5, 1931
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John E. Lawrence, M. D.
 (Address) Lawrence & Lawrence Co.

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.

DEC 26 1931

Dr. John C. Cor. 1888.
Cleveland Mo
Corner St. Louis, Co. Mo