

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

Do not use this space.

6422

1. PLACE OF DEATH

County..... Registration District No.....
Township *St. Louis* Primary Registration District No. *5514*
City *St. Louis* (No. *5514*) *Bartmer Ave* St. Ward)

File No.....
Registered No. *1461*
St. Ward)

2. FULL NAME

John E. Heber
(a) Residence, No. *5814* *Bartmer* St., *5* Ward.

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Edna R. Heber</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 21, 1866</i>		
7. AGE YEARS <i>65</i>	MONTHS <i>10</i>	DAYS <i>22</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Secretary</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Stalle Cond. Co.</i>		
10. Date deceased last worked at this occupation (month and year) <i>March 1931</i>		11. Total time (years) spent in this occupation <i>30</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo 1</i>		
13. NAME <i>John E. Heber</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany 10</i>		
15. MAIDEN NAME <i>Laura Salisbery</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo 1</i>		
17. INFORMANT (ADDRESS) <i>Edna R. Heber 5814 Bartmer Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Valhalla Crematory</i> DATE <i>Feb. 16, 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Drehmann Funeral Home 1805 South Blvd</i>		
20. FILED <i>FEB 15 1932</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 13, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 30, 1931*, to *Feb 12, 1932*
I last saw him alive on *Feb 12, 1932* Death is said to have occurred on the date stated above, at *11:30 P.M.*
The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate Date of onset *5/10*
5/10
137
5/10
Other contributory causes of importance:
Prostatotomy Date of *Feb 10, 1931*
What test confirmed diagnosis? *Microscopic* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____ *(1)*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____
(Signed) *C. E. Mumford*, M. D.
(Address) *958 Grand Bell St. St. Louis*

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.

On [unclear]

Arcaide Bldg

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