

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

Do not use this space.

13690

1. PLACE OF DEATH

County St. Charles Registration District No. 760
 Township Douglas Primary Registration District No. 6001
 City St. Charles (No. _____) St. _____ Ward _____

2. FULL NAME

Katharine Maria Heppner
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Wentzville, Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. _____ mos. 13 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF- Anton Heppner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 - 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>4</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Douglas, Mo.

13. NAME Carl Deebler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg, Germany

15. MAIDEN NAME Lizzie Heppner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Josephville, Mo.

17. INFORMANT (ADDRESS) George Muello, Wentzville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville DATE 4-7 1932

19. UNDERTAKER (ADDRESS) Wentzville, Mo.

20. FILED 4-8 1932 W. Jenkins M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 27 1932 to Apr 5 1932
 I last saw her alive on April 4 1932 Death is said to have occurred on the date stated above, at 9 a m.
 The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia
924
 Other contributory causes of importance: Myocardial Degeneration
 Date of onset Mar 12 1932
 Name of operator Wentzville Date of _____
 What test confirmed diagnosis? None 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) L.H. Grossmayer, M. D.
 (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. APR 29 1932

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