

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

Do not use this space.

**1. PLACE OF DEATH**

96 County *St. Louis*  
2 Township *Central*  
7 City *Clayton*

Registration District No. *790*  
Primary Registration District No. *6033*  
(No. *St. Louis County Hospital*)

File No. *17343*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. *7401 Rupert* 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 *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 *John R. Heeb*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 2, 1883*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*48 9 4*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Housewife 4:45*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Stutoloo, Ill.*  
(STATE OR COUNTRY) *Ill.*

10. NAME OF FATHER *John Boehmer*  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER *Susan Oster*  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY)

14. INFORMANT *John R. Heeb*  
(Address) *7401 Rupert*

15. FILED *May 6 1932* *N. W. Sullivan*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 6 1932*

17. I HEREBY CERTIFY, That I attended deceased from *March 28* 19*32* to *May 6* 19*32* that I last saw him alive on *May 16* 19*32* and that death occurred, on the date stated above, at *11:25 P. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Septicemia*  
*107A*

CONTRIBUTORY (SECONDARY) *Rough Pneumonia*  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *107A*  
IF NOT AT PLACE OF DEATH *7401 Rupert*

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? *(D)*

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *M. E. Skott* M. D.  
*5/6 1932* (Address) *4300 Market*

\*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 *Stutoloo, Illinois* DATE OF BURIAL *May 9 1932*

20. UNDERTAKER *Hacker Heldahl* ADDRESS *2331 So. Broadway*

... - - - - - JANUARY, 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.

MAY 28 1932

