

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

Do not use this space.

17473

**1. PLACE OF DEATH**

County..... Registration District No. 191  
Township..... Primary Registration District No. 2  
City St. Louis (No. 3852<sup>nd</sup> Ashland Ave) St. .... Ward.....

File No. ....  
Registered No. 4377  
St. .... Ward.....

**2. FULL NAME**

Adolph Heiligstedt  
(a) Residence, No. 3852<sup>nd</sup> Ashland St., 10 Ward.....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Helene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1858

7. AGE YEARS 74 MONTHS 0 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Flourist  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mullaughy Flour  
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) St. Louis Mo

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Helene Heiligstedt (ADDRESS) 3852<sup>nd</sup> Ashland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon DATE May 6 1932

19. UNDERTAKER Asst. Mort. & Hl. Co. (ADDRESS) 270<sup>th</sup> St. St. Louis

20. FILED MAY - 1 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 1921, to May 3 1932. I last saw him alive on April 30 1932. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

myocarditis Chronic  
930  
162  
Other contributory causes of importance: Smoking  
1

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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?.....  
If so, specify no

(Signed) Alto Sutter, M. D.  
(Address) 906 Olive

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.

MARGIN RESERVED FOR BINDING

V. 80 NO. 2

