

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

Do not use this space.

17516

**1. PLACE OF DEATH**

County..... Registration District No. 4701  
 Township St. Louis Mo. Primary Registration District No. 4701 File No. ....  
 City St. Louis Mo. (No. 4701) Sacramento Ave Registered No. 4427  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4701 Sacramento St. Ward. 7  
 (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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3rd-1908</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>1</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic 63</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Boil Winder</u>		
10. Date deceased last worked at this occupation (month and year).....		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo. 1</u>
FATHER
13. NAME <u>Charles Heimbarger</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>
MOTHER
15. MAIDEN NAME <u>Anna Aufdenbrink</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>
17. INFORMANT (ADDRESS) <u>Mrs Anna Heimbarger 4701 Sacramento Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns North</u> DATE <u>May 9<sup>th</sup> 1932</u>
19. UNDERTAKER (ADDRESS) <u>Thomas Leidner, Wood Co 1417 N. Third St</u>
20. FILED <u>May 11 1932</u> <u>C. Parker</u> Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5<sup>th</sup> 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932, to May 5, 1932  
 I last saw him alive on May 4, 1932 Death is said to have occurred on the date stated above, at 9:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Myocardial Stenosis  
92A 92A  
 Other contributory causes of importance:  
Anasarca  
 Date of onset  
about Nov. 1929  
Jan. 10 1932

Name of operation..... Date of.....  
 What test confirmed diagnosis? Symptoms 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) Norman L. Williams, M. D.  
 (Address) 2728 N-11

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAKIN RESERVED FOR BINDING

NO. 2

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.

Dr. Norton  
11 S. 1st St.