

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

Do not use this space.

24130

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **800**
 City St. Louis (No. 2108, Gravois & Ward)
 St. Ward)

File No.
 Registered No. **6197**
 St. Ward)

2. FULL NAME Frederick Heimbarger

(a) Residence, No. 2108 Gravois Dr. St. 23 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 61 yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 11 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wagonmaster
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith
 10. Date deceased last worked at this occupation (month and year) 14 June 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER 13. NAME Andrew Heimbarger 9

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

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 11

17. INFORMANT (ADDRESS) Fred Heimbarger
2108 Gravois

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Ev. Church DATE July 6 1932

19. UNDERTAKER (ADDRESS) J. G. Glickens
2630 Gravois

20. FILED UL - 5 1932 May St. Louis Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 27 1932 to July 3 1932
 I last saw him alive on July 2 1932 Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset April 1932
930
97 930
 Other contributory causes of importance: Atherosclerosis April 1932

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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) Paul P. Kugelmann M. D.
 (Address) 3557 Gravois

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

