

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

Do not use this space.
24362

1. PLACE OF DEATH

County..... Registration District No. 750
Township..... Primary Registration District No. 750
City St. Louis (No. 1124, Kentucky) St. _____ Ward) _____

File No. _____
Registered No. **6484**
St. _____ Ward) _____

2. FULL NAME

Adolph Heimer
(a) Residence, No. 1124, Kentucky St., 18 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Heimer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18, 1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>
	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Former Blacksmith</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>St. Louis, Mo</u>		
MOTHER FATHER	13. NAME <u>Antonia Heimer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Frances Unkewald</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
17. INFORMANT <u>Annie Heimer</u> (ADDRESS) <u>1124 Kentucky</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>La Keurosd Pk</u> DATE <u>7-10</u> '19 <u>32</u>		
19. UNDERTAKER <u>Thos. J. Hanes Mortuaries</u> (ADDRESS) <u>410 W. Washington St.</u>		
20. FILED <u>W. J. Hanes</u> Registrar		

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to July 13, 1932
I last saw him alive on July 12, 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:
Cerebral Embolism Date of onset _____
Chronic Myocarditis

Other contributory causes of importance:
none

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) E. F. Oehler, M. D.
(Address) 802 Michigan Bldg

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.

Dr. C. C. C. C.
m. t. r. y. 2 - 4