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.

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

Do not use this space.

24741

File No. 6886

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 192

Township ..... Primary Registration District No. 1002

City St. Louis (No. 3219 Indiana St. ..... Ward)

2. FULL NAME Elizabeth Heidecker

(a) Residence, No. 3219 Indiana St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 29 1873

7. AGE: Years 59 | Months 2 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) St. Louis Mo.

FATHER

13. NAME John A. Heidecker

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

MOTHER

15. MAIDEN NAME Elizabeth Cackleman

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

17. INFORMANT (ADDRESS) John Heidecker 2848 Texas Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE 7-26 1932

19. UNDERTAKER (ADDRESS) Fritz Bros. Fun. Co. 2920 S. Jefferson Av.

20. FILED JUL 25 1932 19 Mary E. Warner Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1932

22. I HEREBY CERTIFY That I attended deceased from Feb. 10 1929 to July 23 1932

I last saw her alive on July 21 1932 Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Arteria Sclerosis	
with Chronic myocarditis	1927
0201	
97 D 950	

Other contributory causes of importance: Sudden failure of heart and death

Name of operation ..... Date of

What test confirmed diagnosis? Typical Clinical Was there an autopsy?

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) Henry P. Graul M. D.

(Address) 2905 Cherokee St.