

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

Do not use this space.

24773

791  
MB

File No. 6919  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. Childrens Hospital)

**2. FULL NAME**

(a) Residence, No. 782 N. Broadway, St. \_\_\_\_\_ 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 4 1920</u>		
7. AGE YEARS <u>11</u>	MONTHS <u>11</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		12. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) 1

FATHER  
13. NAME Herman T. Heydt  
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Bertha Pelke  
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

17. INFORMANT T. Gilbrat (ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Cemetery DATE July 27 1932

19. UNDERTAKER Seiderwieser Undertaking Home (ADDRESS) 1936 St. Louis

20. FILED 28 1932 W. C. Stanley Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24 1932  
22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1932, at 7:14 P.M.  
I last saw him alive on 7-24-32, 1932. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Appendicitis acute  
121B  
1210  
Other contributory causes of importance:

Name of operation appendectomy 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? no  
If so, specify \_\_\_\_\_  
(Signed) W. C. Stanley M. D.  
(Address) 500 S. Kingshighway

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.

Beckwith