

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

Do not use this space.

✓ 27998

1. PLACE OF DEATH

County..... Registration District No. 702
Township..... Primary Registration District No. 702
City St. Louis (No. 4038 Shenandoah Ave St. Ward)

File No.
Registered No. 7881

2. FULL NAME Fred Heinzmann

(a) Residence, No. 4038 Shenandoah Ave St. 17 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 30-1898**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	34	6	29	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Fireman <u>117</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Wabash R.R.
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Duquoin** (STATE OR COUNTRY) **Illinois** 21

13. NAME **John Heinzmann**

14. BIRTHPLACE (CITY OR TOWN) **Duquoin** (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Elizabeth Cook**

16. BIRTHPLACE (CITY OR TOWN) **Duquoin** (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Mrs W E Russell** (ADDRESS) **4326 Potomac Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Aug-31** 1932

19. UNDERTAKER **A. W. McLaughlin** (ADDRESS) **1431 Mississippi Ave**

20. FILED **AUG 31 1932** **W. C. Starkey** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 29** 1932

22. I HEREBY CERTIFY, That I attended deceased from **Aug 24 to Aug 29** 1932. I last saw him alive on **Aug 29/1932**. Death is said to have occurred on the date stated above, at **5:45 am**.

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

(Myocarditis Chronic) Date of onset

Other contributory causes of importance: **93 930**

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) **W. Ambrose Smith**, M. D.
(Address) **912 N-19 St.**

Central 8576

N. B.—Every item of information should be carefully secured. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

