

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.

30537

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1433
City St. Louis (No. St. John Hosp) St. Ward

File No.
Registered No. 8198
St. Ward

2. FULL NAME Thos Gertrude Heese
(a) Residence, No. 1225 Central Ave St. 12 Ward. Alton, Ills
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7, 1869
7. AGE YEARS 63 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2:55
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) Bethalto Ill 2

13. NAME Michael Sutter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Katherine Ank
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Gertrude Heese
(ADDRESS) 1225 Central Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Althaus DATE Sept 13, 1932

19. UNDERTAKER Byron F. Hahn
(ADDRESS) 1225 Central Ave

20. FILED SEP 12 1932 19 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10th, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 15th, 1932, to Sept 10th, 1932
I last saw h. or v. alive on Sept 4th, 1932 Death is said to have occurred on the date stated above, at 3:15 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis
46C
122B
129
460
P.O. Pentecost
Date of onset

Other contributory causes of importance:
Name of operation Colostomy Date of 8-27-32
What test confirmed diagnosis? Urinary 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?
If so, specify
(Signed) Cephann McMahon M. D.
(Address) 806 Mason Bldg.

