

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

Do not use this space.

38452

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. No. 2022 Main

File No. _____

Registered No. 1165

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2022 Main 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>Female</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>W. A. Heschang</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14, 1860</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>6</u>	DAYS <u>18</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Urkunur Switzerland

13. NAME
Urk Helen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Urkunur Unknown

15. MAIDEN NAME
Unknown

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

17. INFORMANT (ADDRESS)
Ernest F. Heschang St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Ashland DATE
Dec. 5, 1932

19. UNDERTAKER (ADDRESS)
Sherman Funeral Home, St. Joseph, Mo.

20. DEC 3 1932
John R. Bender Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to Dec. 2, 1932

I last saw her alive on Dec. 1, 1932. Death is said to have occurred on the date stated above, at 1:25 a.m.

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

Hemorrhage - cerebral 11/25/32
808
97 of J. P. W.
Other contributory causes of importance:
Arterio-sclerosis with hypertension (Date of onset)

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) G. O. Bloomer M. D.

(Address) 1218 N. 3rd St.

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.

JAN 21 1933

