

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

Do not use this space.

3004

1. PLACE OF DEATH
 County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME Euphemia Heid
 (a) Residence, No. Manchester, Mo. St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 25 - 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 6 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
 10. Date deceased last worked at this occupation (month and year) Dec - 1 - 1932 11. Total time (years) spent in this occupation _____

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

MOTHER FATHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER FATHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Bruno Heid Manchester, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Manchester, Mo. DATE Jan. 4, 1933

19. UNDERTAKER (ADDRESS) Sprader & Co Ballwin, Mo.

20. FILED Jan 3, 1933 P. E. Barnett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 1 - 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 25, 1932, to Jan 1, 1933
 I last saw her alive on Jan 1, 1933 Death is said to have occurred on the date stated above, at 10-P.m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Asthma
Chronic myocarditis
Senility
Arteriosclerosis
 Date of onset _____

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) B. R. Loving, M. D.
 (Address) Ballwin, Mo.

