

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

Do not use this space.

3372

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St Louis (No. 3449 Alberta st.) St. Ward

File No.
Registered No. 271
St. Ward

2. FULL NAME

Anna P. Heimbacher
(a) Residence, No. 3449 Alberta St., 16 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>Henry Heimbacher</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 19 - 1882</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>4</u>	<u>19</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework.</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home.</u>			
	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) <u>St Louis Mo.</u>				
FATHER	13. NAME <u>Martin Nuderscher.</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>			
MOTHER	15. MAIDEN NAME <u>Unknown.</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>			
17. INFORMANT <u>Henry Heimbacher</u> (ADDRESS) <u>3449 Alberta st</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri Crematory</u> DATE <u>Jan 10</u> 19 <u>33</u>				
19. UNDERTAKER <u>Walter Hildebrand</u> (ADDRESS) <u>2331 1/2 Broadway</u>				
20. FILED <u>JAN - 9 1933</u> <u>W. A. Stadel</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1932, to Jan 7th 1933
I last saw her alive on Jan 7 1933. Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Mammary
general
Date of onset
50
50
Other contributory causes of importance:
.....
Name of operation no operation Date of.....
What test confirmed diagnosis? Physician's 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. A. Stadel M. D.
(Address) 3701 Woodmonte Place

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.

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