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

Do not use this space.

10623

1. PLACE OF DEATH
County Phelps — Registration District No. 678 — File No.
Township St James — Primary Registration District No. 4404 — Registered No.
City — (No. ..... St. ..... Ward)

2. FULL NAME William Hein
(a) Residence, No. [illegible] St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. 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): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-17-1844
7. AGE: Years 88 — Months 5 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pensioner
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): Germany

FATHER
13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): H E Conrad
18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cemetery DATE Mar. 22 - 1933
19. UNDERTAKER (ADDRESS): Jonas and Ten Eyck St James Mo.
20. FILED 3-21- 1933 Henry F. Wolters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-21- 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to March 20, 1933
I last saw him alive on March 20, 1933 Death is said to have occurred on the date stated above, at 7:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	3/1/33
11B 11B	

Other contributory causes of importance:

Name of operation ..... 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) William H Breuer, M. D.
(Address) St James, Mo

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.