

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

Do not use this space.

11570

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 4005

City St. Louis (No. 3033, Blasgow Place)

File No.

Registered No. 2646

St. Ward)

2. FULL NAME

Mary Heitkrewe

(a) Residence, No. 3033 Blasgow Place St. 10 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 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 George

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 10 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No home

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) 11. Total time (years) spent in this occupation.....

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

13. NAME Stephen Tiemeyer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Emma Heitkrewe (ADDRESS) 3033 Blasgow Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Lady's Bene DATE Mar. 13, 1933

19. UNDERTAKER Reider's Funeral Home (ADDRESS) 1936 Washington Ave

20. FILED 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1933

22. I HEREBY CERTIFY, that I attended deceased from March 13, 1933 to March 18, 1933

I last saw him alive on March 17, 1933 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows: March 12 - 1933 Date of onset

1st Right upper lobe pneumonia 3/12/33

Other contributory causes of importance: Chronic myocarditis

Name of operation..... Date of.....

What test confirmed diagnosis? L Was there an autopsy? L

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? L Date of injury....., 19.....

Where did injury occur? L (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Frank R. Ferguson, M. D.

(Address) 3701 Washington

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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