

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

Do not use this space.

11834

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **7007**
 City St. Louis (No. 4211, Lafayette Ave St. Ward) **2940**

2. FULL NAME Louise Stunzel Heber

(a) Residence, No. 4211 Lafayette Ave, 17 Ward.

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. (If nonresident, give city or town and State)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julius Heber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1, 1858</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>11</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
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) Missouri

13. NAME Unknown Fischer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) R. P. Williams
4211 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison Cem. DATE March 27, 1933

19. UNDERTAKER (ADDRESS) Drehrmann Hansel
201 1/2 05 Union Blvd
St. Louis 20 Mo

20. FILED Max Standen
19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1933, to March 27, 1933
 I last saw him alive on March 27, 1933 Death is said to have occurred on the date stated above, at 9:30 A. m.

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

Endocarditis Chronic Date of onset several years duration
927
99H
927
 Other contributory causes of importance:
Thrombosis cardiac artery

Name of operation none Date of
 What test confirmed diagnosis? Physical signs 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) W. H. Clithero, M. D.
 (Address) 906 Carleton Bldg
St. Louis Mo

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.

Dr Clithero

Carleton Bldg

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