

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

Do not use this space.

14985

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 012  
City St. Louis (No. Seppan Hosp.) St. .... Ward

File No. ....  
Registered No. 3509

**2. FULL NAME**

(a) Residence, No. 2629 1/2 Shenandoah St. 23 Ward. (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>Male</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>Amelia Heiser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>90</u>
	DAYS <u>21</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Foreman Shoe Factory</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)  
Germany

13. NAME  
Christian Heiser

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

15. MAIDEN NAME  
Marie Mueller

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

17. INFORMANT (ADDRESS)  
Mrs. Amelia Heiser  
2629 1/2 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Matthews DATE 4-19-33

19. UNDERTAKER (ADDRESS)  
Will Bro. L. & H. Co.  
248 S. Jefferson Av

20. FILED 17 1933 May St. Louis Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30 - 1932, to April 15 - 1933  
I last saw him alive on 4-15-33 Death is said to have occurred on the date stated above, at 5:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach  
4613  
107 A 46 B  
Other contributory causes of importance:

terminal broncho-pneumonia  
gastric Peritonitis Date of 7-30-32  
Name of operation gastrectomy  
What test confirmed diagnosis? gastrectomy 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 Yes  
(Signed) J. W. Thompson M. D.  
(Address) 3701 Westmore

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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