

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

Do not use this space.

17860

1. PLACE OF DEATH

County..... Registration District No. 901
 Township..... Primary Registration District No. 1002
 City St. Louis (No. 2903, Green Ave)..... St. Ward)

File No.
 Registered No. 4051

2. FULL NAME

Barbara Heckman
 (a) Residence, No. 2903rd Green Ave St. 10 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Anthony Heckman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
 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) St. Louis Mo

13. NAME Mathew Betz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Anna Studermann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Albat Heckman

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabony DATE May 4 1933

19. UNDERTAKER Whomersbury and Co

(ADDRESS) 4740 W. Brookman Ave.

20. FILED 5 1933 19. 7 Prebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd 1933

22. 4-25-33 HEREBY CERTIFY, That I attended deceased from 5-1-33 to 5-2-33 1933

I last saw her alive on 5-2-33 1933 Death is said to have occurred on the date stated above, at 10:2 P.

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

Myocarditis, Chronic
9-5
BC

Other contributory causes of importance:

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

What test confirmed diagnosis? usual 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. J. Gallagher, M. D.

(Address) University Club Bldg.

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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