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

Do not use this space.

18130

1. PLACE OF DEATH

County ..... Registration District No. 7901 File No. .....

Township ..... Primary Registration District No. 0003 Registered No. 4336

City St Louis Mo (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Lillian Heise

(a) Residence, No. ..... St., 12 Ward. Columbia Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred Heise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 22 - 1893

7. AGE: YEARS 39 MONTHS 5 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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): New Hanover Illinois

FATHER

13. NAME: Fred. Wessel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Louisa Koever
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Fred Heise Columbia Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Ill DATE 5 - 20 - 1933

19. UNDERTAKER (ADDRESS): E. J. Schneider Columbia Ill

20. FILED MAY 17 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 17 , 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, to May 17, 1933

I last saw her alive on May 17, 1933. Death is said to have occurred on the date stated above, at 5:45 A m.

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

	Date of onset
Ac. suppurative cholangeitis 126	1/10/33
Ac. parenchymatous nephritis 127 A	5/16/33
Post-operative hemorrhage 126	5/16/33

Other contributory causes of importance:
Chr. cholecystitis + choledocholithiasis

Name of operation Cholecystectomy + common duct drainage Date of 5/17/33

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

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 .....

(Signed) Carl J Heifetz M. D.
(Address) Jewish Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD