

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

Do not use this space.

18298

File No. _____
Registered No. **4525**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **702**
Township _____ Primary Registration District No. _____
City **St. Louis** (No. **City Hospital**)

2. FULL NAME

(a) Residence, No. **4028 Bates** St. **15** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **50** 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** 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 9th - 1846**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

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 **Carl Heim**

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

15. MAIDEN NAME **Emma Schneide**

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

17. INFORMANT (ADDRESS) **Hospital Informant**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wygant Cemetery** DATE **May 20 1933**

19. UNDER TAKE (ADDRESS) **Henry Weidmann**

20. FILED **MAY 23 1933** **J. T. Beedek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 21st 1933**

22. I HEREBY CERTIFY That I attended deceased from **May 8th 1933** to **May 21st 1933**

I last saw her alive on **May 21st 1933** Death is said to have occurred on the date stated above at **6:10 AM**

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

Date of onset _____

Arterio-Sclerotic Heart Disease (Chronic Myocarditis)

Other contributory causes of importance: **730**

Name of operation _____ Date of _____

What test confirmed diagnosis? **lin** 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 not, specify _____

(Signed) **J. Coleman**, M. D.
(Address) **City Hospital**

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.

