

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

Do not use this space.

31583

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. 342.3 Henrietta St. St. 8292 Ward)

**2. FULL NAME**

Harry A. Heuermann  
 (a) Residence, No. 3423 Henrietta St. 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>Elizabeth Heuermann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25-1879</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>6</u>	DAYS <u>27</u>
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>Produce Merchant</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) <u>St. Louis Missouri</u>		
13. NAME <u>Henry W. Heuermann</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Wilhelmina Mindt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs. Elizabeth Heuermann</u> (ADDRESS) <u>3423 Henrietta St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>Sept. 25, 1933</u>		
19. UNDERTAKER <u>E. J. Schmutz</u> (ADDRESS) <u>3125 Lafayette Av.</u>		
20. FILED <u>25 1933</u> <u>J. Bredeck</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 19th, 1933, to Sept 21/33, 1933  
 I last saw him alive on Sept 21, 1933 Death is said to have occurred on the date stated above, at 3:25 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy Sept 19/33 Date of onset 131  
930  
8:00  
 Other contributory causes of importance:  
Chronic myocarditis  
& Chronic interstitial nephritis for 18 Months

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) Sheik C. Zelman, M. D.  
 (Address) 5043 Vernon Ave.

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.  
 OCT 20 1933

9043 N. 11th