

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

Do not use this space.

2361

1. PLACE OF DEATH

County St. Louis
Township Beaumont
City St. Marys (No. _____)

Registration District No. 781
Primary Registration District No. 4467

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Michael Heissner

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

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>Magdaline Heissner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 17th 1852</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>4</u>
	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1934

22. I HEREBY CERTIFY That I attended deceased from Dec. 4, 1933 to Jan. 20, 1934

I last saw him alive on Jan. 1, 1934. Death is said to have occurred on the date stated above, at 12:35 am.

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

OCCUPATION

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

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 Life

Arteriosclerosis
99

Date of onset Unknown

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER

13. NAME Andrew Heissner

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

15. MAIDEN NAME Rachel Scholander

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

17. INFORMANT Mrs. M. Heissner

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys DATE Jan 22nd 1934

19. UNDERTAKER W. J. Tinton

20. FILED 1/21 1934 W. J. Tinton Registrar.

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? No

If so, specify _____

(Signed) John A. Wilkins, M. D.

(Address) St. Marys, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1934

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