

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH St. Louis Registration District No. 791  
 County St. Louis File No. 6537  
 Township St. Louis Primary Registration District No. 1003 Registered No. 1380  
 City St. Louis (No. Mo Baptist Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Laverne Heidmann  
 (a) Residence, No. 20 West 2nd Str St. NR Ward \_\_\_\_\_  
 (Usual place of abode) Washington Mo (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5th-1934

7. AGE YEARS 0 MONTHS \_\_\_\_\_ DAYS 2 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Washington Mo  
 (STATE OR COUNTRY)

13. NAME Fred C Heidmann

14. BIRTHPLACE (CITY OR TOWN) New Haven Mo  
 (STATE OR COUNTRY) Franklin Co

15. MAIDEN NAME Leola Zeugen

16. BIRTHPLACE (CITY OR TOWN) Gasconade  
 (STATE OR COUNTRY) Gasconade Co

17. INFORMANT Fred Heidmann  
 (ADDRESS)

18. BURIAL, ~~CORPSE~~ REMOVAL to Washington Mo  
 PLACE \_\_\_\_\_ DATE 2-7-1934

19. UNDERTAKER Otto & Co by H W Otto  
 (ADDRESS) Washington Mo

20. FILED Feb -7 1934 J F Bredeck  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

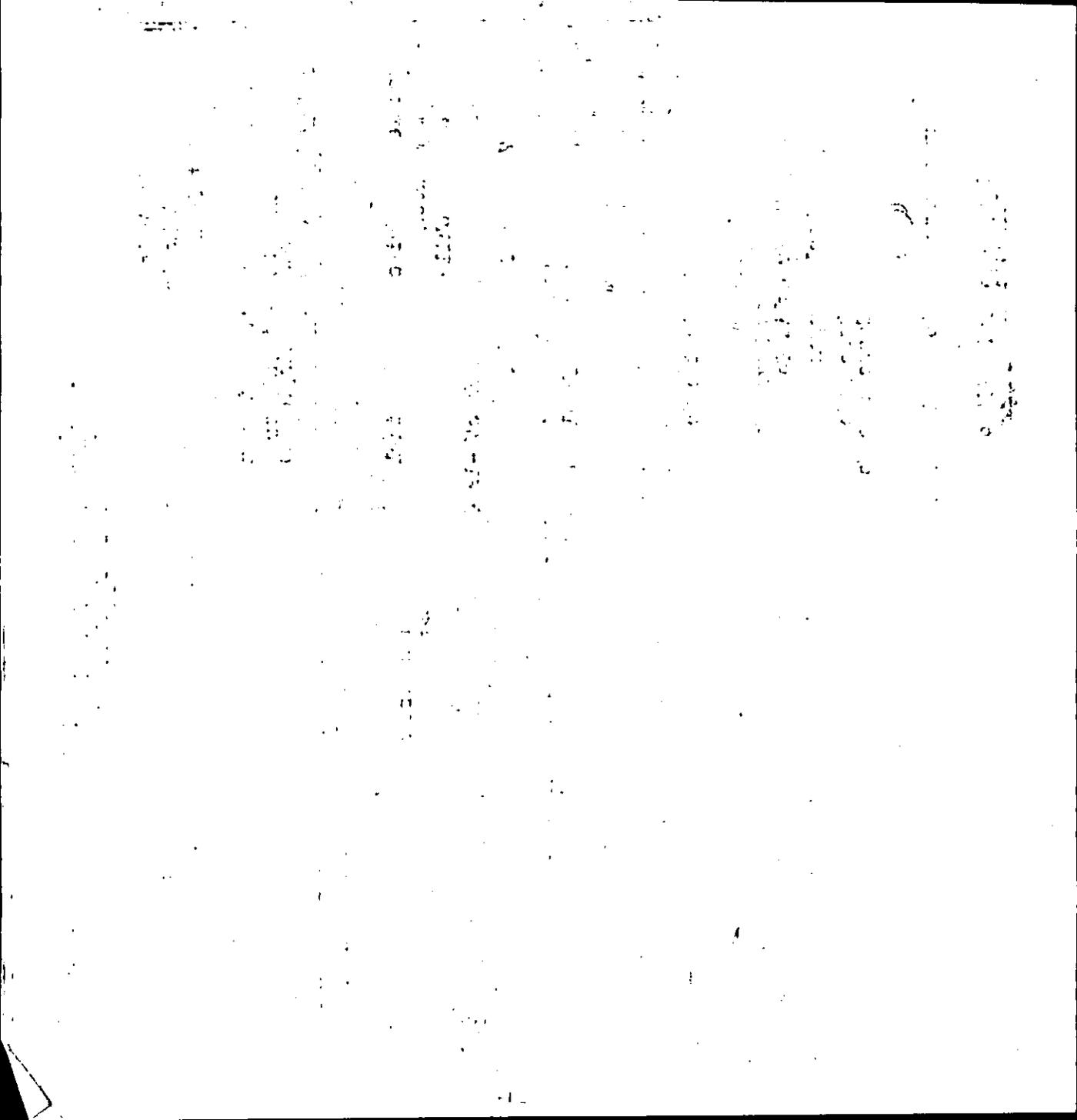
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-1934

22. I HEREBY CERTIFY, that I attended deceased from Feb 7 to Feb 7, 1934  
 I last saw her alive on Feb 7, 1934 Death is said to have occurred on the date stated above, at 10:05 pm. 10:05  
 The principal cause of death and related causes of importance were as follows:  
Meningitis 89A 10 2/6/34  
Strep Amyg 102B  
Other contributory causes of importance:  
Peritonsillar 1/27/34  
Otitis Media  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Typhoid 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) Jehas A Kelly M. D.  
 (Address) 3606 Driggs Ave





S-6537