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.

MAR 24 1934

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

Do not use this space.

6634

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1479

City St. Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Anna Hiegelheim

(a) Residence. No. 3682 French St., 1 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

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: Charles Hiegelheim

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE: Abt. 75 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Charles Hiegelheim (Address) 3682 French

15. FILED FEB 21 1934 F. Bredeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-10 1934

17. I HEREBY CERTIFY, That I attended deceased from 2/5, 1934, to 2/10, 1934 that I last saw her alive on 2/10, 1934 and that death occurred, on the date stated above, at 11.15 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured appendix
c General Peritonitis
121A
121B
129

121a

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Moist gangrene of abdomen (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Home

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/6/34

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Perforated intestine

(Signed) John Botz, M. D.

, 19 (Address) Deaconess Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Park Lawn Cem.

DATE OF BURIAL: 2-13 1934

20. UNDERTAKER: Southern Und Co

ADDRESS: 6320 S. Grand