

MAY 25

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

Do not use this space.

## 1. PLACE OF DEATH

Country ..... Registration District No. **791**  
Towaship ..... Primary Registration District No. **3003**  
City **St. Louis Mo** (No. **4240**) **West Sacramento** St. .... Ward)

14234

File No. ....  
Registered No. **3384**

## 2. FULL NAME

**ROSA HEIL**  
(a) Residence, No. **4240 W Sacramento** St., **10** 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

1. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **the late John Heil**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 6 - 1850**

7. AGE YEARS **82** MONTHS **9** DAYS **28** If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**13. NAME **Stingraber**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Strade Wilbers**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Rosa Heil** (ADDRESS) **4240 W Sacramento**18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Church** DATE **4/6 24**19. UNDERTAKER **Shoat & Carroll** (ADDRESS) **4000 North Bridge**20. FILED **J. A. Brebeck** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/3**, 19**34**22. I HEREBY CERTIFY, That I attended deceased from **March 15 -**, 19**34**, to **April 3**, 19**34**I last saw her alive on **April 3, 1934**. Death is said to have occurred on the date stated above, at ..... m.

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

**emb of hemorrhage** Date of onset **4-1-34**Other contributory causes of importance: **Senile decline**Name of operation ..... **None** 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 **Samuel H. Snyder**, M. D.  
(Signed) **Edw. N. Snyder**  
(Address) **701 - Olive St.**

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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.

10086-11-24-34

