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.

JUN 26 1934

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No. 21735
Township Central — Primary Registration District No. 6033 B — Registered No. 161
City ..... (No. 2830, Maple Pl. St. ..... Ward)

2. FULL NAME Charles W. Heeg
(a) Residence, No. 2830 Maple Pl., St. Louis Co. St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
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: Claude Heeg (Sears)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 12, 1862
7. AGE: YEARS 71 — MONTHS 8 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Individual Owner
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

FATHER
13. NAME: Not Knowy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Not Knowy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Claude Heeg, 2830 Maple Pl. St. Louis Co. Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE June 7, 1934
19. UNDERTAKER (ADDRESS): Math. Hermann and Son, 2161 East Fair Ave.
20. FILED 6-6-, 1934 H. A. Boehmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov, 1933, to June 4, 1934
I last saw him alive on June 4, 1934. Death is said to have occurred on the date stated above, at 2:00 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Throat (Posterior pillars general involvement) — Date of onset
Other contributory causes of importance: 45
Name of operation: None — Date of .....
What test confirmed diagnosis? Clinical — 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) Merle Bone M. D.
(Address) 1492 Hodiamont

100M-11-24-33