

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

Do not use this space.

27144

1. PLACE OF DEATH

County Registration District No. **791**
 Township *St. Louis, Mo.* Primary Registration District No. **1003** File No.
 City *St. Louis, Mo.* (No. *Good Samaritan Home 4500 Washington*) Registered No. **7381** Ward)

2. FULL NAME

Karl Heise
 (a) Residence, No. *4500 Washington Blvd. 17* 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

3. SEX *Male* 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 *Augusta Ehle*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 22, 1846*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Dairy man*
 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 *Karl Heise*

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

15. MAIDEN NAME *Marie Schneider*

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

17. INFORMANT (ADDRESS) *Sister Olga Bogmann 4500 Washington Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Little Rock Ave* DATE *July 24, 1934*

19. UNDERTAKER (ADDRESS) *Ms M. Schumacher 4804 Nail Bridge*

20. FILED *31* 19 *34* *J. J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 23, 1934*
 22. I HEREBY CERTIFY That I attended deceased from *January 15, 1934*, to *July 23, 1934*.
 I last saw him alive on *July 23, 1934*. Death is said to have occurred on the date stated above, at *5:30 P.* m.
 The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis and Chronic Interstitial Nephritis

Other contributory causes of importance:
1934 7/23

Name of operation Date of
 What test confirmed diagnosis? 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) *E. F. Decker*, M. D.
 (Address) *802 Metropolitan Bldg.*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 15 1934

