

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

Do not use this space.

31480

OCT 11 1934

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City..... St. Louis (No. 7085), Bancroft Ave. St. .... Ward)

File No. ....  
 Registered No. 8829

**2. FULL NAME**

Mary Heeg  
 (a) Residence, No. 5222 Beacon Ave. St. 7 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. 7 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29th, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
86 11 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 131  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 122  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 91

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Unknown Bertling

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Henry Heeg  
7085 Bancroft Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Sept. 3, 1934

19. UNDERTAKER (ADDRESS) Henry Drekman  
1905 Union Blvd.

20. FILED 14 19 34 Jo. B. Bredick  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1934, to Aug. 31, 1934  
 I last saw him alive on Aug. 29, 1934. Death is said to have occurred on the date stated above, at 2:25 P.M.  
 The principal cause of death and related causes of importance were as follows:

Intestinal obstruction  
due apparently to growth  
the nature of which was  
not determined  
Cause a nature of growth unknown  
 Other contributory causes of importance:  
Chronic Intestinal Hyperplasia  
Neck depression

Date of onset  
8-27-34

Name of operation none Date of .....  
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? Yes  
 If so, specify .....  
 (Signed) J. T. Duggan, M. D.  
 (Address) 6917 Huxley ave

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.

6912 Douglas Ave.

9-18

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