

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

Do not use this space.

FEB 21 1935

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1. PLACE OF DEATH

County..... Registration District No. 0003
Township..... Primary Registration District No. South Broadway
City St. Louis (No. 1706) South Broadway St. 963 Ward

2. FULL NAME

(a) Residence, No. 1706 S. Broadway St. 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Heil</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 15, 1865</u> | | |
| 7. AGE | YEARS <u>69</u> | MONTHS <u>10</u> |
| | DAYS <u>11</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</u> | |
| | 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) <u>Germany</u> | | |
| MOTHER | 13. NAME <u>John Heil</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| | 15. MAIDEN NAME <u>Unknown</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | | |
| 17. INFORMANT <u>Anna Heil</u> (ADDRESS) <u>1706 S. Broadway</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter Paul</u> DATE <u>Jan 29</u> , 19 <u>35</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Thompson's</u> <u>2906 Groves ave</u> | | |
| 20. FILED JAN 20 1935 <u>J. P. Bredeck</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/26/1935
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 9⁰⁰ A. m.
The principal cause of death and related causes of importance were as follows:

Fibro Sarcoma of left maxillary sinus, with extension into left orbit.

Date of onset

Other contributory causes of importance:

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?
If so, specify.....
(Signed) Naryll J. Kelly M. D.
(Address) 28/35

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.

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