

APR 29 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County ..... Registration District No. **7911**  
Township ..... Primary Registration District No. **1008**  
City **St. Louis** (No. **3830<sup>2</sup>**) **Oakland Par.** St. **10** Ward. (If nonresident, give city or town and State)

File No. ....

Registered No. **3031**

11371

## 2. FULL NAME

(a) Residence, No. **3830<sup>2</sup> Oakland Par. St.** ..... Ward. **10**  
(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. 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 **Widow** (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Chas. H. Heywig**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 4, 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**75- 1 26**

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) **St. Louis Mo**

13. NAME **Not known**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT **Charles H. Heywig** (ADDRESS) **3830<sup>2</sup> Oakland Par.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Paul's Churchyard Dist. 2** 1935

19. UNDERTAKER **Math. H. Hoffman** (ADDRESS) **1616 East 14th St.**

20. FILED **100** - **1935** **J. Brudeck** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 30** 1935

22. I HEREBY CERTIFY, That I attended deceased from **March** 1934, to **Mar. 30** 1935.

I last saw her alive on **Mar. 29** 1935. Death is said to have occurred on the date stated above, at **10:00 P.** m.

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

**Chronic Intestinal Neoplasia** Date of onset

Other contributory causes of importance: **Senility**

Name of operation **None** Date of

What test confirmed diagnosis? **None** 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) **Ursa Kemp**, M. D.

(Address) **2904 Union St**

**St. Louis**

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.

