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 12 1935

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

Do not use this space.

17748

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Desloge Hospital St. ..... Ward)

File No. ..... Registered No. 4053

**2. FULL NAME** Mr. Fred Heuss

(a) Residence, No. 4515a Louisiana St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mildred Helmer Heuss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1906

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 28 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Credit

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Dry Gds.

10. Date deceased last worked at this occupation (month and year) April 8, 1935

11. Total time (years) spent in this occupation 9 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Frederick Heuss

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

MOTHER

15. MAIDEN NAME Anna Suzingelmeier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

17. INFORMANT (ADDRESS) Mrs. Mildred Heuss 4515a Louisiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cemetery DATE May 4, 1935

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home Inc 1936 St. Louis Avenue

20. FILED [illegible] 19 J. F. Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to May 2, 1935

I last saw him alive on May 1 1935. Death is said to have occurred on the date stated above, at 2:00 A.M.

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

| | Date of onset |
|---|---|
| Malignant hypertension | Uncertain |
| Subacute Glomerular nephritis | Uncertain |
| Hyperkrophy + dilation of heart | Uncertain |
| Acute Pulmonary Edema | 1 week. |

Other contributory causes of importance: 95 b²

Name of operation None Date of .....

What test confirmed diagnosis? Physical + Lab. Ex. 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? No

If so, specify .....

(Signed) G. O. Brown, M. D.

(Address) 1325 S. Grand