

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

Do not use this space.

JUL 12 1935

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo

Registration District No. **791**
Primary Registration District No. **1003**
No. Barnes Hosp

File No. 21281
Registered No. 5216
St. Ward)

2. FULL NAME Hebeu marie Heidenreich

(a) Residence, No. 8234 Buchanan St., N R Ward.

Unita Park
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5, 1910</u>		
7. AGE	YEARS <u>24</u>	MONTHS <u>10</u>
	DAYS <u>8</u>	If LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	11. Total time (years) spent in this occupation
	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)	

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

13. NAME Herman Heidenreich

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

15. MAIDEN NAME Mamie Heintz

16. BIRTHPLACE (CITY OR TOWN), St Louis Mo.
(STATE OR COUNTRY)

17. INFORMANT... Mamie Heidenreich
(ADDRESS) 8234 Buchanan Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 6-15-35

19. UNDERTAKER Barnum's Bros Inc
(ADDRESS) Overland Mo

20. FILED JUN 15 1935 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13-1935

22. I HEREBY CERTIFY, That I attended deceased from 6-3-1935 to 6-13-1935

I last saw h. alive on 6-13-1935 Death is said to have occurred on the date stated above, at 9 P m.

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

Lupus erythematosus
Toxic erythema & arthritis
Secondary anemia
Lobar pneumonia

Other contributory causes of importance: 108

Name of operation none Date of.....
What test confirmed diagnosis? Blood count 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) Carl G. Harford, M. D.
(Address) Barnes Hospital

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.

