

AUG 9



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

Do not use this space.

791  
1003

24417

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St. Louis  
Christian Hospital

File No.....

Registered No.....

5790

St.....

Ward.....

## 2. FULL NAME

(a) Residence, No. 4473 Claxton Ave

(Usual place of abode)

St. 7

Ward.....

(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 (write the word)

Married

## 5A. IF MARRIED, WIDOWED OR DIVORCED

HUSBAND OR (OR) WIFE OF

Charles Heilemann

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 23 - 1893

## 7. AGE

YEARS

41

MONTHS

8

DAYS

12

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

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

Housewife

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)

Louisville Ky

## 13. NAME

John Hiddow

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

Scotland

## 15. MAIDEN NAME

Elen McNeely

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

Louisville Ky

## 17. INFORMANT

(ADDRESS)

Charles Heilemann  
4473 Claxton Ave

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cemetery

DATE

July 8 1935

## 19. UNDERTAKER

(ADDRESS)

Joseph Cangel  
7600 Holt Ave

## 20. FILED

- 6 1935

19

J. H. Brebeck

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 4 1935

## 22. I HEREBY CERTIFY That I attended deceased from

June 13 1935, to July 4 1935

I last saw her alive on July 4 1935. Death is said

to have occurred on the date stated above, at 4:30 pm.

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

Date of case:

CARBUNCLE OF BACK

MULTIPLE Tuberculosis of body

diabetes

59

Other contributory causes of importance:

diabetes mellitus

Name of operation..... none

Date of.....

What test confirmed diagnosis? Blood sugar

Was there an autopsy?.....

## 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) ERWIN H. CRECHNIUS, M. D.

(Address) 3673 Fair St. Louis, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

