

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

Do not use this space.

NOV 27 1935

34763

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Roch Primary Registration District No. 6248 B
 City St. Louis, Missouri No. Roch Hospital File No. _____
 Registered No. 358 St. _____ Ward _____

2. FULL NAME

Edward Heyd
 (a) Residence, No. 6220 Carleton St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 9 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</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>Clara Heyd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9, 1880</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>0</u>
	DAYS <u>5</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>File setter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unemployed 4 yrs.</u>	
	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>St. Louis, Mo</u>		
FATHER	13. NAME <u>Anthony Heyd</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
	15. MAIDEN NAME <u>Margaret Zeller</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>History Record</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mathews</u> DATE <u>10-17-35</u>		
19. UNDERTAKER (ADDRESS) <u>Southern Und. Co. 6322 S Grand</u>		
20. FILED <u>Oct 15, 1935</u> <u>St. Mary</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935 to Oct 14, 1935
 I last saw him alive on Oct 14, 1935 Death is said to have occurred on the date stated above, at 8:20 P.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Haemoptysis
Pulmonary Tuberculosis
(chronic)
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Sputum X Ray 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) Clara P. Sandy, M. D.
 (Address) Koch Hospital
Koch Mo.

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.

