

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.

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

Do not use this space.

APR 11 1936

12406

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. City Hospital)

Registration District No. 791  
Primary Registration District No. 1008

File No. ....  
Registered No. 2370  
St. .... Ward)

2. FULL NAME

Missie Heastmann

(a) Residence, No. 6326 Michigan / Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:35 A.M.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 65 ? ? ?

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

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

Fractures of Skull  
Dislocations of Brain received when struck by street car in St. Louis, Mo.  
Other contributory causes of importance:  
Deceased was a pedestrian  
No auto involved  
Accident

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

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

FATHER 13. NAME Adolph Heastmann  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 3/2, 1936  
Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public Place

MOTHER 15. MAIDEN NAME Not Known  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Manner of injury Struck by street car  
Nature of injury Fractures of Skull

17. INFORMANT (ADDRESS) Miss Carrie Wolff  
2979 W. Island Ave  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peter's DATE March 6, 1936

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) J. P. Gandy, M.D.  
(Address) St. Paul, Missouri

19. UNDERTAKER (ADDRESS) Wm. L. Lerner and Co.  
1417 N. Michigan St.  
20. FILED MAR 3 1936 J. P. Bredek  
Registrar.

3/3/36

*Cacina*