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.

APR 11 1936

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

Do not use this space.

12591

File No.

Registered No. 2624

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City ST. LOUIS MO. (No. 3923 a, LABADIE AVE. St. Ward)

2. FULL NAME MISS. ELIZABETH HEIDEMANN.

(a) Residence, No. 3923 a LABADIE AVE St., 10 Ward.
(Usual place of abode)

(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): SINGLE.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/4/1864

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
71	10	3	

OCCUPATION

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

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) ST. LOUIS MO.

FATHER

13. NAME HERMAN HEIDEMANN.

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

MOTHER

15. MAIDEN NAME ELIZABETH KASTRUP.

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

17. INFORMANT MRS. IDA KLOCKENBRINK.
(ADDRESS) 3923a LABADIE AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST JOHNS. DATE 3/10/36, 19

19. UNDERTAKER Grones Und. Co.
(ADDRESS) 3710 N. Grand Blvd.

20. FILED MAR 9 1936 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1936 to Mar. 7, 1936

I last saw her alive on Mar. 7, 1936. Death is said to have occurred on the date stated above, at 2:35 P.M.

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

	Date of onset
Status Medie	3-2-36
Angina Pectoris	3-7-36

Other contributory causes of importance: Chronic Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Clinic 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?

If so, specify

(Signed) J. C. Crearne, M. D.

(Address) 2504 N. 14th St.

Dr. Creane
14 & Buntonhill St