

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.

15112

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 100  
 City Kansas City, Mo. (No. 313 E 12 St)

File No. \_\_\_\_\_  
 Registered No. 1820  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Dr. Arthur Heigelmann  
 #313 E 12 St

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4-1936

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

22. I HEREBY CERTIFY that I attended deceased from 10:00 to 12:45 April 4, 1936  
 I last saw him alive on April 4, 1936 Death is said to have occurred on the date stated above, at 6 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-3-1877

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 2 1

Chronic nephritis & Pulm. gran back  
131

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

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 \_\_\_\_\_

Other contributory causes of importance:  
Endocarditis Hubby gran

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atwood Ill

13. NAME Godfrey Heigelmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Heigelmann (ADDRESS) 313 E 12 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Holl DATE 4/7/36

19. UNDERTAKER D. V. MAST FUNERAL HOME, Inc. (ADDRESS) 3146 Main St.

20. FILED Apr 6 1936 M. M. Crown Registrar.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis labatory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none 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) W. H. Bledy, M. D.  
 (Address) \_\_\_\_\_

Wyandotte # 3

Wm Jay