

MAY 25 1936 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16298

1. PLACE OF DEATH
 County Perry Registration District No. 657
 Township Probean Primary Registration District No. 5874
 City (No.) St. () Ward ()

File No. 7
 Registered No. 7

2. FULL NAME Alvin Theodore Heimböckel
 (a) Residence, No. Probean Mo. 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-15-1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 9

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

13. NAME Edgar Heimböckel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Probean Mo.

15. MAIDEN NAME Myrtha Mangels

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Probean Mo.

17. INFORMANT (ADDRESS) Edgar Heimböckel Probean Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Probean Mo. DATE 4-26-1936

19. UNDERTAKER (ADDRESS)

20. FILED 4-26-1936 Adolph H. Schmidt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-25-1936 to 4-25-1936

I last saw him alive on 4-25-1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

jaundice Date of onset

86

Other contributory causes of importance: Convulsions

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) E. A. Palisch, M. D.
 (Address) Probean 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.

