

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

Do not use this space.

MAY 27 1936

1. PLACE OF DEATH
 County St. Louis Registration District No. 286
 Township Maplewood Primary Registration District No. 4469
 City Maplewood No. 2286 Gale Ave. St. _____ Ward _____
 2. FULL NAME Emily Elizabeth Heinen
 (a) Residence, No. 2286 Gale 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.

File No. 16747
 Registered No. 30

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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 11
 OCCUPATION
 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. at home
 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
 13. NAME Carl Ackerman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Maria Lehman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Mrs. W. J. Allen
 18. BURIAL, CREMATION, OR REMOVAL PLACE McDonough Cemetery April 13, 1936
 19. UNDERTAKER (ADDRESS) D. R. Ruppel & Sons 4449 Olive St.
 20. FILED May 10 1936 Pauline Breitenbach Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11 1936
 22. I HEREBY CERTIFY, that I attended deceased from Apr. 11 1936, to Apr. 11 1936.
 I last saw her alive on Apr. 11 1936. Death is said to have occurred on the date stated above, at 9438.
 The principal cause of death and related causes of importance were as follows:
Chronic Myo. Carditis
Chronic Asthma Cordis
Senility
 Date of onset _____
 Other contributory causes of importance _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? No
 23. If death 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 _____
 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 Signed D. R. Ruppel M. D.
 (Address) 6122 Olive Blvd

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.

This patient was personally known by Dr. Compton .
She is the Grand mother of a family which he
takes care of, is personally known by Dr.
Compton. She was eccentric and different about
taking medicines, she had science ideas in her
head.

O.K. by the Coroner due to sudden death.

MAR 3 1948