MAY 7 1936

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

Do not use this space.

791

17471

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 4251

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 2212 Warren St. ..... St. ..... Ward)

2. FULL NAME Clara Heinkendreis (HEINKENDREIS)

(a) Residence, No. 2212 Warren St., 20 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 2 1857

7. AGE YEARS 79 MONTHS 2 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

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) Fort Wayne Ind

FATHER

13. NAME August Guenther

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

MOTHER

15. MAIDEN NAME Emilie Barthel

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

17. INFORMANT (ADDRESS) Charles Schnellbacher 2212 Warren St

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE April 20, 1936

19. UNDERTAKER (ADDRESS) Bedermeier Funeral Home 1936 St Louis Mo.

20. FILED APR 18 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12th, 1936, to April 17th, 1936

I last saw her alive on Apr. 17, 1936. Death is said to have occurred on the date stated above, at 8 P. m.

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

Chronic Bronchitis Asthma — Date of onset many years

Other contributory causes of importance: Arterial Sclerosis - Chronic Myocarditis

93c

Name of operation no Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

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? no

If so, specify .....

(Signed) Alfred Theo Vogler, M. D.

(Address) 4744 W. Florissant Ave

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.

100M-3-28-35