

JUL 27 1936

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

Do not use this space.

24119

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Clark Primary Registration District No. 471
City North St. Louis (No. 345 S. Gore Ave) St. _____ Ward)

File No. _____
Registered No. 67

2. FULL NAME

Harriet E. Heppert
(a) Residence, No. 345 S. Gore St., _____ Ward. (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) divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1-1860
7. AGE YEARS 75 MONTHS 9 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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) Centralia (STATE OR COUNTRY) Illinois

FATHER 13. NAME Harriet E. Heppert
14. BIRTHPLACE (CITY OR TOWN) North St. Louis (STATE OR COUNTRY) unknown Ill?

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____

17. INFORMANT Penny Gibson (ADDRESS) 345 S. Gore St. North St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellfontaine DATE June 23 1936

19. UNDERTAKER Dragone (ADDRESS) 3671 Olive

20. FILED 622- 1936 Jules R. Gore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1936, to June 29, 1936.

I last saw h. or alive on 6-19, 1936. Death is said to have occurred on the date stated above, at 9:00 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis - chronic
93c

Other contributory causes of importance: Fracture of left hip
emb of femur

Name of operation _____ Date of _____
What test confirmed diagnosis? renal 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? _____
If so, specify _____
(Signed) Sam J. Drayton M. D.
(Address) 665-1 Chestnut

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.

