

Dr Herchenmaeder

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

Do not use this space.

24727

JUN 17 1936  
1. PLACE OF DEATH

County..... Registration District No. 1003  
Township..... Primary Registration District No.  
City St Louis Mo (No. Deaconess Hospital) St. .... Ward)

File No. ....  
Registered No. 6350

2. FULL NAME George William Heymann  
(a) Residence, No. .... St. N P Ward. Chesterfield Mo  
(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 (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1885  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 4 9  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman  
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) June 13-1936 11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield Mo  
13. NAME Robert Heymann  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Emma Reifschneider  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County Mo

17. INFORMANT Emma Heymann  
(ADDRESS) Chesterfield Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Sumbo Mo DATE 6-23-36  
19. UNDERTAKER Schrader Bros  
(ADDRESS) Bacum Mo  
20. FILED JUN 22 1936 J. T. Bredeck  
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 June 19, 1936, to June 20, 1936  
I last saw him alive on June 20, 1936 Death is said to have occurred on the date stated above, at 10:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Peritonitis

121

Other contributory causes of importance: ruptured appendix 5 days

Name of operation none inoperable Date of \_\_\_\_\_  
What test confirmed diagnosis Phys exam Was there an autopsy? Yes

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 H.C. Herchenmaeder, M. D.  
(Signed) H.C. Herchenmaeder  
(Address) Metropolitan Bldg

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.

