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.

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

AUG 25 1936

Do not use this space.

29377

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 29371

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 279

City [illegible] (No. 4838, Heidelberg Ave. St. Ward)

2. FULL NAME Cecelia Heimsoth

(a) Residence, No. 4838 Heidelberg Ave. 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: f
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Herman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 27, 1894

7. AGE: YEARS 41 — MONTHS 7 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife 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): Missouri

FATHER

13. NAME: George Kloss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): G rmany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gormany

17. INFORMANT (ADDRESS): Herman Heimsoth

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE July 16/36, 19

19. UNDERTAKER (ADDRESS): Fendler Und Co, 744 Lemay Ferry Rd.

20. FILED July 15, 1936 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/14/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 PM m.

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

Felo De Ce, shot self in left chest, penetrating thru heart coming out left posterior chest, just under shoulder blade. Mentally deranged for several months, due to climatric age. Sec; Shot thru chest, with 25 caliber revolver. Int. hemorrhage and shock.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Coroner's view 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) [signature] 7/15/36, M. D.

(Address) 3918 Jennings Rd

Coroner St Louis Co. Mo