

NOV 4 1936

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

Do not use this space.

791

39101

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.....
Primary Registration District No.....
Missouri Baptist Sanitarium,

File No.....
Registered No. 10135
St..... Ward.....

2. FULL NAME

Lewis B. Heslep,

(a) Residence, No. 1070a McCausland av. St. 4 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Trula E. Heslep,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1867-2-4

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>8</u>	<u>2</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Thompson Reasturant
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) Trenton, Tenn.

FATHER
13. NAME Lewis B. Heslep,

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

MOTHER
15. MAIDEN NAME Griz elda Seat

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

17. INFORMANT (ADDRESS) Lewis B. Heslep, 1070a McCausland av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 10/8/36 19.....

19. UNDERTAKER (ADDRESS) Wm. R. Gumm, Clayton road at Concordia Lane

20. FILE OCT 7 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/3/36 19.....

22. I HEREBY CERTIFY, That I attended deceased from 10/3/36, 19..... to 10/3/36, 19.....

I last saw him alive on 10/5/36, 19..... Death is said to have occurred on the date stated above, at 6:30 A

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

Haemorrhage of stomach Date of onset 10-3-36
Uremia NPN 99- 10-5-36
atrophic Cirrhosis of liver Indian
multiple gastric ulcers "
chronic interstitial nephritis "

Other contributory causes of importance:
atrophic Cirrhosis of liver Indian
multiple gastric ulcers "
chronic interstitial nephritis "

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? NO

If so, specify.....
(Signed) Wm. R. Gumm, M. D.
(Address) 2227 S. Broadway.

