

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

Do not use this space.

1. PLACE OF DEATH

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

FEB 8 1937 791
Registration District No.....
Primary Registration District No. **1003**
(No. 3966 Alberta St 2)

File No. **3780**
Registered No. **816**
St. Ward)

2. FULL NAME Annette Heggeman

(a) Residence, No. 3966 Alberta St St. 15 Ward 1

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident, give city or town and State)
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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Heggeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 9 1883

7. AGE YEARS MONTHS DAYS **If LESS than 1 day, hrs. or min.**

53 4 8

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. 925

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

13. NAME Michael Ford

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

15. MAIDEN NAME Margaret Wilby

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

17. INFORMANT Bernard Heggeman
(ADDRESS) 3966 Alberta St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE January 20 1937

19. UNDERTAKER Peetz Brothers
(ADDRESS) 3029 Lafayette Ave

20. FILED JAN 19 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937 to Jan 17 1937
Last saw him alive on Jan 17 1937. Death is said to have occurred on the date stated above, at 11:50 am.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 A. Borbasin!, M. D.
(Signed) A. Borbasin!
(Address) 2017 Park Ave

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.

RECORD

