FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No. 4505
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 32
City Richmond Hghts (No. ST MARYS HOSP. St. Ward)

2. FULL NAME JOHN HENRY HEIMBUECHER
(a) Residence, No. 6002 MAPLE St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): WIDOWER.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF AMANDA C. HEIMBUECHER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 17 1842
7. AGE: YEARS 94 — MONTHS 9 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HEIMBUECHER.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. METAL, CO.
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) PA

FATHER
13. NAME GEORGE HEIMBUECHER.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME HESS.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) STELLA HEIMBUECHER, 5338 BARTMER ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE FEB 1 1937
19. UNDERTAKER (ADDRESS) LARRY MULLEN 5165 DELMAR BLVD.
20. FILED Jan. 30 1937 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 29, 1937
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 12.50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental fall on floor of his home	1/25/37

Other contributory causes of importance:
1. Fracture of right hip
2. Hypostatic pneumonia

Name of operation None Date of
What test confirmed diagnosis? X Rays Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan. 25 1937
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Accidental Fall on Floor
Nature of injury Fracture of right hip

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Jno. J. Connell 4, M. D.
(Address) Coroner, St. Louis Co.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.