

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.

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **8667**

Township.....

Primary Registration District No. **1003**

Registered No. **2128**

City **ST. LOUIS MO.** (No. **1612A S. COMPTON AV.**) St. **2** Ward)

2. FULL NAME **HERBERT P. HEYDE**

(a) Residence, No. **1612A S. COMPTON** St., **17** 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

**LELIA HEYDE**

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

**JAN 3-1887**

7. AGE

**50**

YEARS

**1**

MONTHS

**15**

DAYS If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

**clerk**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

**Unknown**

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)

**ILLINOIS**

FATHER

13. NAME

**EMILE HEYDE**

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

**ILLINOIS**

MOTHER

15. MAIDEN NAME

**LOUISE ELEKMAN**

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

**ILLINOIS**

17. INFORMANT (ADDRESS)

**LELIA HEYDE 1612A S. COMPTON AV**

18. BURIAL, CREMATION OR REMOVAL PLACE

**MO. CREMATORY FEB 20 1937**

19. UNDERTAKER (ADDRESS)

**E. J. Schurr 3125 Palmyra**

20. DATE **FEB 20 1937**

**J. A. Predeck Registrar**

MEDICAL CERTIFICATE OF DEATH

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

**FEB 18 19 37**

22. I HEREBY CERTIFY, That I attended deceased from

**Jan 5 1937**, to **Feb 18 1937**  
Last saw him alive on **2/18 1937** Death is said

to have occurred on the date stated above, at **5 p. m.**

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

**Pulmonary Tuberculosis**

Date of onset

Other contributory causes of importance:

**Chronic Nephritis**

Name of operation

**sputum**

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

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)

**Otto Hansen M. D.**

(Address)

**3157 1/2 parker**

