MAY 7 1937

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

Do not use this space.

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File No.

Registered No. 4281

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No. Christian Hospital St. Ward)

2. FULL NAME Bertha Heuer

(a) Residence, No. 5211 Gilmore Ave. St., 7 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 14, 1871

7. AGE: 65 YEARS 7 MONTHS 10 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 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): St. Louis Mo.

FATHER

13. NAME: Carl Mosemann

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Walter Heuer 5505 Wrenn Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Johns Cem. DATE: Apr. 27, 1937

19. UNDERTAKER (ADDRESS): Wm. F. Paschedag 2825 N. Grand Blvd.

20. APR 26 1937 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1937, to Apr 24, 1937

I last saw her alive on Apr 24, 1937. Death is said to have occurred on the date stated above, at 1:50 P.M.

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

Date of onset

Hypostatic Bronchial Pneumonia

Other contributory causes of importance:

Carcinoma of Pancreas

Name of operation Gall Bladder drainage Date of 4-22-37

What test confirmed diagnosis? Xray 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? no

If so, specify

(Signed) Harrison M. D.

(Address) 5074 Union Blvd

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.

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