

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City Saint Louis, Missouri (No. City Hospital.)

File No. **18215**

Registered No. **4791**

St. Ward)

2. FULL NAME Edward Heimann.

(a) Residence, No. 1907 Cherokee Street. St. 24 Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6th, 1874.

7. AGE YEARS 62 MONTHS 5 DAYS 4 If LESS than 1 day,hrs. ormin.

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, (STATE OR COUNTRY) Missouri.

13. NAME John Heimann

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

15. MAIDEN NAME Annabelle Bawer

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

17. INFORMANT Annie Heimann (ADDRESS) 1907 Cherokee Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cemetery DATE May 14th, 1937.

19. UNDERTAKER Georghein Bros. (ADDRESS) 2623 Cherokee Street.

20. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to May 10, 1937

I last saw him alive on May 10, 1937. Death is said to have occurred on the date stated above, at 4:20P m.

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

Broncho-pneumonia
Syphilis of central nervous system

Date of onset

Other contributory causes of importance:

Chronic alcoholism

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?.....

If so, specify..... (Signed) Charles M. Jessier, M. D.

(Address) City Hospital #1

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.

10-1-318
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MAY 11 1937

