

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

Do not use this space.

JUN 29 1937

21288

1. PLACE OF DEATH SAINT LOUIS

County: *Jeff*
Township: *Jeff*
City: WEBSTER GROVES (No. 221 BAKER AVE.)

Registration District No. *788*
Primary Registration District No. *4471*
St. _____ Ward _____

File No. _____
Registered No. *60*

2. FULL NAME WEBSTER LAFAYETTE HEATH

(a) Residence, No. 221 BAKER AVE. St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 19 - 1937*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) FANNY PLANK HEATH

22. I HEREBY CERTIFY, That I attended deceased from *May 18 - 1937* to *May 19 - 1937*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 14th 1861

I last saw him alive on *May 19 - 1937*. Death is said to have occurred on the date stated above, at *5 a.m.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *76 # 5*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SERVICE SUPERVISER FRISCO RAILROAD
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Coronary Thrombosis 5/18/37
Cygnus Pectoris - 1936
Other contributory causes of importance: Generalized Arteriosclerosis 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MUNCIE INDIANA

Name of operation *No.* Date of _____
What test confirmed diagnosis? *Chin. cap.* Was there an autopsy? *No.*

13. NAME JOHN TOMLINSON HEATH

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

15. MAIDEN NAME ARMENTA KENDALL

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

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.

17. INFORMANT FANNY PLANK HEATH (ADDRESS) 221 BAKER AVE, WEBSTER GROVES MO

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE OAK HILL CEMETERY DATE MAY 21 1937

24. Was disease or injury in any way related to occupation of deceased? *No.*

19. UNDERTAKER C. P. LUPTON AND SONS (ADDRESS) 4449 OLIVE STREET, ST. LOUIS, MO

If so, specify _____ (Signed) *H. A. Schellbach*, M. D.
(Address) *17 E. Liberty St. Webster Groves Mo*

20. FILED *5-19-37* *Julius R. Gore* Registrar.

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.

T. Lockwood
Te 3200

DR GOODRICH