SEP 10 1937

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

Do not use this space.

29368

1. PLACE OF DEATH

County ..... 1/2 Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Missouri-Pacific Hospital St. ..... Ward)

File No. 8001

Registered No. .....

2. FULL NAME ELMER HEISER

(a) Residence, No. 2017 MORTON St., NR Ward. FALLS CITY, NEB
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 25 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: Anna Heiser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 4th, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
14	57	6	22	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) April 26, 1937

11. Total time (years) spent in this occupation 15 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bern, Kansas

FATHER

13. NAME: Charles Heiser

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

MOTHER

15. MAIDEN NAME: Mary Spring

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bern Kansas

17. INFORMANT (ADDRESS): Mrs Anna Heiser Falls City, Nebraska

18. BURIAL, CREMATION, OR REMOVAL

PLACE Falls City, Neb. DATE August 29th, 37

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED AUG 28 1937 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1937, to 8/26, 1937

I last saw him alive on 8/25, 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
CARCINOMA OF SIGMOID	

Other contributory causes of importance: METASTASIS

Name of operation LAPOROTOMY Date of 5/3/37

What test confirmed diagnosis? BIOPSY 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) J. T. Vandover, M. D.

(Address) 1755 S. Grand Bl.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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