

SEP 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County *DeKalb*  
Township *Washington*  
City *Washington* No. \_\_\_\_\_

Registration District No. *261*  
Primary Registration District No. *5360B*

File No. *30553*  
Registered No. *8*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Mary Louise Heckendorf*

(a) Residence, No. \_\_\_\_\_ 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

3. SEX *Female* 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 OR *Frank Heckendorf*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov-10-1862*

7. AGE YEARS *74* MONTHS *9* DAYS *17* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) *Salt Lake City Utah*

13. NAME *Henry Schmidt*

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

15. MAIDEN NAME *Louise Reese*

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

17. INFORMANT (ADDRESS) *Frank Heckendorf  
Stewartville Mo*

18. BURIAL, CREMATION OR REMOVAL PLACE *DeKalb County* DATE *Aug 29, 1937*

19. UNDERTAKER (ADDRESS) *F. G. Aggs  
Stewartville*

20. FILED *Aug 28, 1937* *A. E. Saunders*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 27, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 16, 1937, to Aug 27, 1937*  
I last saw h. *alive on Aug 27, 1937* Death is said to have occurred on the date stated above, at *8:30 a.m.*

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

*Acute nephritis  
(arterio sclerosis.)*

Other contributory causes of importance: *Infected Gall Bladder*

Name of operation *none* 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 *M. S. Gale* M. D.  
(Signed) *A. E. Saunders*  
(Address) *Washington Mo.*

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.

