

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

43176
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis, Mo (d) Street No. 4138 Ashland Ave St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James A. Heisse
 (a) Residence, No. 4138 Ashland Ave St. **10** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Ellen Heisse
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27, 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48 8 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman
 9. Industry or business in which work was done, as saw mill, bank, etc. M.L. Kenny Transfer
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 1937
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1934, to Dec 10 1937
 I last saw him alive on Dec 3 1937. Death is said to have occurred on the date stated above, at 9:45 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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

FATHER 13. NAME Albert A. Heisse
 14. BIRTHPLACE (CITY OR TOWN) Baltimore
 (STATE OR COUNTRY) Md.

MOTHER 15. MAIDEN NAME Emma Heddergott
 16. BIRTHPLACE (CITY OR TOWN) Edwardsville
 (STATE OR COUNTRY)

17. INFORMANT Anna Heisse & N.L. Heddergott
 (ADDRESS) 4025 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Zions Cemetery DATE Dec. 13 1937

19. FUNERAL DIRECTOR Andrew & Co
 (ADDRESS) 2707 N. Grand Blvd

20. FILED DEC 12 1937 J. Bredeck
 Local Registrar.

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) rather to just! M. D.
 (Address) 1901 Madison St

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.

702

STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Elton R. H. Remelius

Licensed Embalmer No. 3154

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)