FEB 12 1938

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

369

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 225

(c) City StLouis (d) Street No. Lutheran Hospital 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. 1 mos. 6 ds.

2. PRINT FULL NAME Heiligtag, Mrs. Lena 423

(a) Residence, No. ..... St. NR Kimmswick Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1860

7. AGE: YEARS 77 | MONTHS 3 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as 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) StLouis County Mo.

FATHER

13. NAME Mr. Brant 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Catherine Brimmer 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wm Heiligtag Kimmswick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kimmswick Mo DATE 1-9-1938, 19

19. FUNERAL DIRECTOR (ADDRESS) Heiligtag Funeral Home, Kimmswick Mo

20. FILED JAN 7 1938 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-30-37, 19, to 1-6-38, 19

I last saw her alive on 1-6-38, 19 Death is said to have occurred on the date stated above, at 920 p m

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

	Date of onset
Bronchoo-Pneumonia	12/31/37
Chronic Myocarditis	
Other contributory causes of importance: Fractured Hip.	11-30-37

186a

18

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11-30, 1937
Where did injury occur? Kimmswick Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury fell off chair
Nature of injury fractured hip

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) Thos. H. Hansen, M. D.
(Address) 3651 Grandel Square

(Licensed Embalmer's Statement on Reverse Side)

...DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

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