

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

8801
 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,** (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. mos. ds.

2. PRINT FULL NAME **Minnie Heuermann, 655**

(a) Residence, No. **4540 Pennsylvania Av.** St. **15**
 (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 **Henry W. Heuermann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 9th 1858.**

7. AGE YEARS **80** MONTHS **1** DAYS **29** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home,**
 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) **St. Louis,** (STATE OR COUNTRY) **Missouri,**

FATHER 13. NAME **Charles Wigand**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany,**

MOTHER 15. MAIDEN NAME **Unknown,**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany,**

17. INFORMANT **Dr. H. W. Heuermann,** (ADDRESS) **3108 Chippewa St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Park** DATE **March 11**, 19**38**

19. FUNERAL DIRECTOR **Jiegenhein Bros** (ADDRESS) **621-23 Cherokee St.**

20. FILED **MAR 10 1938** **J. B. Baskin**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 8th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 5**, 19**38**, to **March 8**, 19**38**

I last saw him alive on **March 8**, 19**38**. 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:

Pneumonia lobar Date of onset **3/5/38**

Other contributory causes of importance: **Senility, Arteriosclerosis**

Name of operation _____ Date of _____
 What test confirmed diagnosis **Chemical** 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? _____
 If so, specify _____ (Signed) **L. M. Travers**, M. D.
 (Address) **3651 Grandel Place**

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

90-M-7-57 I X12804

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.

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein, Licensed Embalmer No. 2270

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 Juddie A. Ziegenhein

Licensed Embalmer No. 2270

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.)