

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

12941

Do not use this space.

REC'D MAY 10 1938

791
1003

Registered No. 3545

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis, Mo. (d) Street No. 5050 Emerson 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

Frank Heep, 100
 (a) Residence, No. 5050 Emerson Ave., St. 7 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17th, 1870</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>3</u>
		DAYS <u>28</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Laborer</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>St. Louis Crew</u>
	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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME	<u>Not known</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Not known</u>
MOTHER	15. MAIDEN NAME	<u>Not known</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Not known</u>
17. INFORMANT (ADDRESS) <u>William C. Kerley</u> <u>5050 Emerson Ave.,</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laurel Hill Cem</u> DATE <u>April 18, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wm. Leidner Mnd. Co.</u> <u>1417 N. Market St.</u>		
20. FILED <u>APR 15 1938</u> <u>J.F. Beck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1938, to 4-15, 1938

I last saw him alive on 4, 1938. Death is said to have occurred on the date stated above, at.....m.

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

Chronic interstitial nephritis

General arteriosclerosis

Other contributory causes of importance:

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

What test confirmed diagnosis? Exam Was there an autopsy? Yes

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? Yes
 If so, specify.....
 (Signed) Haxson M. D.
 (Address) 5074 D. Union Blvd.

Date of onset

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.

St. Glenn
5074 Mission Blvd
9/12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *John P. Buckholz*
Licensed Embalmer No. *16740*

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.