REC'D AUG 12 1938

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

2/1

23345
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 6039
(c) City St. Louis (d) Street No. 2737 Shenandoah 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 Magdalena Heberer 166
(a) Residence, No. 2737 Shenandoah Ave. St. 23
(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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27th, 1868.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	4	7	

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) (STATE OR COUNTRY) Germany 6

FATHER
13. NAME Unknown Wolf 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9 82a

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

17. INFORMANT (ADDRESS) Anton Heberer 2737 Shenandoah Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Pauls Churchyard July-7-, 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED JUL 6 1938 J. D. Brekeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 4th., 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1937, to July 4, 1938
I last saw her alive on 6-17-, 1938. Death is said to have occurred on the date stated above, at 7.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS + CEREBRAL HEMORRHAGE	11/13/37

Other contributory causes of importance:

LEFT HEMIPLEGIC INVALID +	1937
HEAT EXHAUSTION (not a heat stroke)	1938

Name of operation X Date of X
What test confirmed diagnosis? Paralysis 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? No
If so, specify X
(Signed) Walter E. Frank, M. D.
(Address) 3501 California Ave

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Robert Crowley, or by .....

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

Signed Robert Crowley

Licensed Embalmer No. 2128

P. O. Address St. Louis M

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

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