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.

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

REC'D SEP 27 1938

791

27698
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 7712

(c) City St. Louis (d) Street No. City 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 William J. Heim 500

(a) Residence, No. 3708 California Ave. St. 24
(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: 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 Kathy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13th. 1871.

7. AGE: YEARS 67 MONTHS 7 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
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) Keokuk Iowa

FATHER
13. NAME Christian Heim
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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

17. INFORMANT (ADDRESS) Kathy Heim 3708 California Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE Sept. 1st. 1938

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

20. FILED AUG 31 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 28th. 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, 10.05 P.M.

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

Subdural Hemorrhage of Brain; Broncho pneumonia; Chronic Aortitis; following fall in kitchen of his home 3708 California Ave. Agu. 26th, 1938, about

Date of onset

Other contributory causes of importance:
10:00 P.M.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/26/1938
Where did injury occur? St. Louis, 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 See Above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Joseph M. [illegible] Deputy Coroner
(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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 C. Wheeler, or by .....

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

Signed Robert C. Wheeler

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.