

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**

31084  
 Do not use this space.

REC'D OCT 12 1938

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City St. Louis  
 (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.

Registration District No. 791  
 Primary Registration District No. 1003  
 (d) Street No. Bethesda Hospital

Registered No. 8521

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

**2. PRINT FULL NAME**

Margaret Heinemann  
 (a) Residence, No. 1071 Tower Grove Ave. St. 18  
 (Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-1938

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

22. I HEREBY CERTIFY, That I attended deceased from 9-19-1938 to 9-27-1938. I last saw her alive on 9-27-1938. Death is said to have occurred on the date stated above, at 1156. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1903

7. AGE YEARS 35 MONTHS 0 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

Pelvic Peritonitis  
Chr. appendicitis  
myoma of uterus, now malignant

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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. T (years) s (months) o (days)

Other causes of importance: None known  
Smoking, hypertension, appendicitis  
 Name of physician Dr. [unclear] of 9/20/38  
 What test or examination was made? Exam Was an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) Salem (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Tune  
 14. BIRTHPLACE (CITY OR TOWN) Salem (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mary Fitzgerald  
 16. BIRTHPLACE (CITY OR TOWN) Salem (STATE OR COUNTRY) Mo.

17. INFORMANT Adolph Heinemann (ADDRESS) 1071 Tower Grove Ave.

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.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Ill DATE 9-30, 1938

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuar (ADDRESS) 4104 Manchester Ave.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Ed Edward, M.D. (Signed) Ed Edward (Address) 4030 Chouteau

20. FILED SEP 28 1938 J. Bedeck Local Registrar.

**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 *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

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.**