

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

28324  
 Do not use this space.

1938 DEC 14

1. PLACE OF DEATH  
 (a) County Jackson 2 Registration District No. 399  
 (b) Township Kaw 1 Primary Registration District No. 100 Registered No. 4558  
 (c) City W. B. Mo. (d) Street No. 737 North Montgall 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.  
 516  
 2. PRINT FULL NAME Rosalie Heimberger  
 (a) Residence, No. 737 North Montgall St.  (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 Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Heimberger  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1864  
 7. AGE YEARS 74 MONTHS 6 DAYS 1 IF LESS than 1 day, hrs. or min.  
 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. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Austria 7  
 FATHER 13. NAME John Lester  
 14. BIRTHPLACE (CITY OR TOWN) Austria (STATE OR COUNTRY) 7  
 MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) Austria (STATE OR COUNTRY) 7  
 17. INFORMANT Mrs. B. Vernassie (ADDRESS) 737 N. Montgall  
 18. BURIAL, CREMATION, OR REMOVAL St. Mary's DATE Nov 25 1938  
 19. FUNERAL DIRECTOR (NAME) Ketterlin (ADDRESS) W. B. Mo.  
 20. FILED Nov 23, 1938 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 3 - 1938 to Nov 23 - 1938.  
 I last saw him alive on Nov 23 - 1938. Death is said to have occurred on the date stated above, at 3.0 m.  
 The principal cause of death and related causes of importance were as follows:  
Gangrene  
59  
 Date of onset 11-23-38  
 Other contributory causes of importance:  
Diabetes Mellitus 15-1935  
 Name of operation amputation right leg Date of 11-12-1938  
 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? no Date of injury no, 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 James Middleton, M. D.  
 (Address) 224 N. Montgall Ave.

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, .....

....., or by .....

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

Signed.....

Licensed Embalmer No:.....

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.**