

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

Do not use this space.

RECD DEC - 1 1938

**1. PLACE OF DEATH**

County Scott Registration District No. 1151  
Township Kalos Primary Registration District No. 60600  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 40500

**2. FULL NAME**

Baby Heisserer (Stillborn)

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, 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) St. R. Peppers

13. NAME Miss Heisserer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kalos

15. MAIDEN NAME Rosa E. Hoffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamburg

17. INFORMANT (ADDRESS) R. A. Hoppe

18. BURIAL, CREMATION, OR REMOVAL PLACE Union M. B. S. DATE 12-6-38

19. UNDERTAKER (ADDRESS) Dennis

20. FILED 12/8 19 38 D. D. Deane Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1938 to 12-6, 1938

I last saw him \_\_\_\_\_ alive on Stillborn, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Stillbirth after 5 1/2 months gestation

Other contributory causes of importance:  
Toxemia of pregnancy in mother

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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 \_\_\_\_\_

(Signed) R. A. Hoppe, M. D.  
(Address) Cape Girardeau Mo

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.

OCCUPATION  
MOTHER  
FATHER





