

JAN 25 1939

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

Do not use this space.

1. PLACE OF DEATH

County *St Charles County* 3
Township *St Charles*
City (No. _____) _____ (No. _____) _____

Registration District No. *757*
Primary Registration District No. *5998*

File No. *44342*
Registered No. *186*

2. FULL NAME

452 Mrs. *Caroline Heelmich* Ward _____

(a) Residence, No. *Evans Home St Charles Miss.* (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *2 yrs. 11 mos.* - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *don't know*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 3rd 1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 8 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
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) *don't know* 11. Total time (years) spent in this occupation *don't know*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri 0*

FATHER 13. NAME *don't know*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 6*

MOTHER 15. MAIDEN NAME *don't know*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 6*

17. INFORMANT *Per Theo Stoerker* (ADDRESS) *St Charles Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Temple Day Care* DATE *12/24/38* 19

19. UNDERTAKER *Stimling* (ADDRESS)

20. FILED *12/24/38* 19 *Eileen E. Messer* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-23rd 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 25th 1936 to Dec 23rd 1938*
I last saw him alive on *Dec 23rd 1938* Death is said to have occurred on the date stated above, at *8:45 A.M.*

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

Acute dilatation of aortic Head. 1 day

Other contributory causes of importance:
Chronic Myocarditis 240
Gen. Art. Sclerosis. 577

Name of operation _____ Date of _____
What test confirmed diagnosis? *Sig. ECG* Was there an autopsy? *Yes*

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) *A.P. Erich Schurz*, M. D.
St Charles Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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