

REC'D FEB 10 1939

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

984

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Josephine Hospital** Registered No. **984**
(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 **16** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Barbara Heckman**

(a) Residence, No. **3921 Schiller Place** St. **15**
(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 F.	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1898		
7. AGE 40	YEARS 4	MONTHS 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc. nil		
10. Date deceased last worked at this occupation (month and year) Jan. 4, 1939		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
13. NAME John Seyferth		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Kunnigunda Woelfel		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) George Heckman 3921 Schiller Pl.		
18. BURIAL, CREMATION, OR REMOVAL PLACE New SS Peter & Paul 2/1/39		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa St.		
20. FILED JAN 31 1939 J. F. Brubaker Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 29 1939**22. I HEREBY CERTIFY That I attended deceased from **July 7**, 1939, to **Jan 29**, 1939I last saw her alive on **Jan 28**, 1939. Death is said to have occurred on the date stated above, at **1:30 p.m.**

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

Embolus Pulmonary

Date of onset

Sudden

Other contributory causes of importance:

1. Post-operative Embolism 1 day
2. Phlebitis of left leg 4 days

Name of operation **Amputation** Date of **Jan 16 1939**What test confirmed diagnosis? **Plaque** 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? _____

If so, specify _____

(Signed) **W. H. Bunscher**(Address) **475 S. Maryland**

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 Edwin H. Leibinger

Licensed Embalmer No. 4049

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.