

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.

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

Do not use this space.

16484

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis* (No.....)

791

1003

File No.....

Registered No.....

4375

St.....

Ward.....

2. FULL NAME

(a) Residence. No. *3510 Hebut* St., *10* Ward.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Male*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

*Marie Heberer*

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

*Feb. 24 1846*

7. AGE

YEARS

*81*

MONTHS

*2*

DAYS

*14*

IF LESS than 1

day, ..... hrs.  
or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Canner (Retired)*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Germany*

10. NAME OF FATHER

*Not Known*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Germany*

12. MAIDEN NAME OF MOTHER

*Not Known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Germany*

14.

INFORMANT

(Address)

*Mrs. C. Stehle*

*3510 Hebut*

15.

FILED

19

*May 9 1927*

REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

*May 8*

19*27*

17.

I HEREBY CERTIFY That I attended deceased from

*Jan 2*

19*27*

to *May 8*

19*27*

that I last saw him alive on

*May 7*

19*27*

and that death occurred, on the date stated above, at

*1245 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*131*

*Chronic Interstitial nephritis*

(duration) *2* yrs.

mos.

da.

CONTRIBUTORY

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

*S. A. Thomas*

M. D.

*May 8 1927*

(Address) *312 1/2 N. Grand*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL CREMATION, OR REMOVAL

DATE OF BURIAL

*St. Peter - Paul.*

*May 10 1927*

20. UNDERTAKER

ADDRESS

*Thm. Paschedag*

*2825  
770 Grand St.*