

DECEASED AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

23345
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. 6039
(c) City **St. Louis** (d) Street No. **2737 Shenandoah Ave.** 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.

2. PRINT FULL NAME **Magdalena Heberer**

(a) Residence, No. **2737 Shenandoah Ave.** St. **23** (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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Otto Heberer**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 27th, 1868.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
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) (STATE OR COUNTRY) **Germany**

13. NAME **Unknown Wolf**

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

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Anton Heberer**
2737 Shenandoah Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Pauls Churchyard July-7-1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wacker-Helderle**
2331 S. Broadway

20. FILE **JUL 6 1938** **J. D. Buehler** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July, 4th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 13, 1937, to July 4, 1938**
I last saw him alive on **6-17-1938** Death is said to have occurred on the date stated above, at **7.30 A.M.**
The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROSIS, + CEREBRAL HEMORRHAGE Date of onset **11/13/37**

Other contributory causes of importance: **LEFT HEMIPLEGIC INVALID + 1937**
HEAT EXHAUSTION 1938
(not a heart stroke)

Name of operation: **X** Date of **X**
What test confirmed diagnosis? **Paralysis** 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
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 **X**
(Signed) **Walter E. Frank** M. D.
(Address) **3501 California Ave.**