

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City _____

Registration District No. _____

Primary Registration District No. _____

701

24222 ~~24222~~

File No. _____

1008

Registered No. _____

5810

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Otto Heberer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Married
MARRIED
WIDOWED
OR DIVORCED
(If write the word)

DATE OF BIRTH

Dec. 19, 1850
(Month) (Day) (Year)

AGE

61 yrs. 6 mos. 10 ds. or LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION

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

Butcher

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

Retail

BIRTHPLACE

(City or town, State or foreign country)

Germany

NAME OF FATHER

Edu. Heberer

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Germany

MAIDEN NAME OF MOTHER

Mary Danimer

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Magdalena Heberer

(ADDRESS)

2617 So. Broadway

Filed

JUL -2 1912

at

A. G. Anderson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June - 29, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 10, 1908, to June 29, 1912, that I last saw him alive on June 24, 1912, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

1748
131 Droping.
MD
(Duration) 4 yrs. 6 mos. 6 ds.

Contributory Chronic Bright's disease & Cirrhosis Liver.

(Duration) 4 yrs. 6 mos. 6 ds.

(Signed) M. Patter M. D.

30 1912 (Address) 2151-8 Jefferson ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

St. Pauli

DATE OF BURIAL

July 2, 1912

UNDERTAKER

Wachtel-Heldner

ADDRESS

2331 So. Broadway