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.

JAN 10 1937

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

Do not use this space.

46931

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 12754

City St. Louis (No. 2615a S. Broadway St. Ward)

2. FULL NAME Otto J. Heberer

(a) Residence, No. 2615 S. Broadway St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Ida Heberer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20th 1885

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Delicatessen

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) St. Louis Mo.

FATHER

13. NAME Otto Heberer

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

MOTHER

15. MAIDEN NAME Magdelena Wolf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Ida Heberer 2615a S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Pauls Churchyard Dec 28th 19 36

19. UNDERTAKER (ADDRESS) Wacker Helderle 2331 S. Broadway

20. FILED DEC 28 1936 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936, to Dec 25, 1936

I last saw h. 1m alive on Dec 24, 1936. Death is said to have occurred on the date stated above, at 7:50 m. A. M.

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

	Date of onset
Myocarditis Chr.	Rec.
Cardiac Decompensation	1 wk.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No

If so, specify .....

(Signed) L. B. Harrison, M. D.

(Address) 601 Lenox Bldg.