

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

Do not use this space.

✓ 21222
File No. _____
Registered No. **5776**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **000**
City **St. Louis** (No. **St. Anthony Hospital**)

2. FULL NAME

Mathilda Heiberger
(a) Residence, No. **4018 N. Market Str.** St. **11** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bred Heiberger		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16, 1863		
7. AGE	YEARS 68	MONTHS 6
	DAYS ✓	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 59	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 97	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Ill. 2		
MOTHER FATHER	13. NAME Jacob Baer	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria 106	
	15. MAIDEN NAME Not Known	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 91	
17. INFORMANT Bred Heiberger (ADDRESS) 4018 N. Market Str.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mathilda Cem. DATE June 21, 1932		
19. UNDERTAKER (ADDRESS) Hy. Leidner & Co. 417 N. Market Str.		
20. FILED JUN 20 1932 Car Starck Registrar		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 18th, 1932**

22. I HEREBY CERTIFY, that I attended deceased from **5/26/1932** to **6/18/1932**.
I last saw her alive on **6/18/32** 1932. Death is said to have occurred on the date stated above, at **11⁴⁵ a.m.**
The principal cause of death and related causes of importance were as follows:
Diabetes mellitus (coma) Date of onset **6/18/32**
Diabetic gangrene of rt. foot. **5/20/32**
59
Other contributory causes of importance:
Ch. interstitial nephritis
Atherosclerosis
Arteriosclerosis of rt. limb.
Name of operation **Amputation** Date of **6/17/32**
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) **W. F. Kern**, M. D.
(Address) **3115 P. Grand.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

3115 As. Grand.

B.