

RECORDED MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH12686
Do not use this space.

3290

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo. (d) Street No. 3948 Federer Place 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 Fred J. Heimburger, Jr. 516

(a) Residence, No. 3948 Federer Place St. II
 (Usual place of abode, if no street address, write county or city) (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)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella A. Heimburger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6th 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 I 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Auto Body Builder
10. Date deceased last worked at this occupation (month and year) Nov. 1937 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 0FATHER 13. NAME Fred Heimburger 614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden, Germany 0MOTHER 15. MAIDEN NAME Katherine Zoelzer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.17. INFORMANT Ella A. Heimburger
(ADDRESS) 3948 Heimburger18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Churchward 4/8/3819. FUNERAL DIRECTOR Kraeger-Voss-Fix, Inc.
(ADDRESS) 3402 N. Kingshighway20. FILED APR 7 1938 J. D. Bredich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th 193822. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938, to April 4, 1938.I last saw him alive on April 5, 1938. Death is saidto have occurred on the date stated above, at I. I. O. M.

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

Streptococcus Viridans Date of onsetMyocarditis (acute)RheumatoidOther contributory causes of importance?
ArteriosclerosisRheumatoid

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) L. H. Kaufman M. D.(Address) 203 Beaumont

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2971

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)