

SEP 26 1938

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

Do not use this space.

29303

1. PLACE OF DEATH
 County Lafayette Registration District No. 457
 Township Concordia Primary Registration District No. 4971
 City Concordia (No. _____) St. _____ Ward _____

2. FULL NAME Stillborn 516
 (a) Residence, No. _____ St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, 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) Concordia (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Edwin A. Heinberg
 14. BIRTHPLACE (CITY OR TOWN) Lafayette Co (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Lorene Bodustab
 16. BIRTHPLACE (CITY OR TOWN) Lafayette Co (STATE OR COUNTRY) Mo.

17. INFORMANT Edwin A. Heinberg (ADDRESS) Concordia 4760

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Lutheran Cemetery DATE Aug 7 1938

19. UNDERTAKER H. F. Deussing (ADDRESS) Concordia 516

20. FILED Aug 7 1938 Herbison Shyman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1938 to Aug 7 1938
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Separation of placenta
Placenta previa

Date of onset _____

Other contributory causes of importance: _____

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) H. F. Deussing M. D.
 (Address) Concordia

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.

RECEIVED
District Health Officer No. 8,
District File Number 9/6/38
Date Filed _____