

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

Do not use this space.

15287 15020

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **4218** St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **365 Evans av** St. **11** Ward.

(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)

Female | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **3/21 1928**

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

— | — | 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

None

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo.**

10. NAME OF FATHER **Wm R. Heitman**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

12. MAIDEN NAME OF MOTHER **Rachel Garret**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

14. INFORMANT (Address) **Wm R. Heitman 3652 Evans av**

15. FILED **APR 17 1928** **Max C. Starkoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 17<sup>th</sup> 1928**

17. I HEREBY CERTIFY, That I attended deceased from **4/14 1928**, to **4/17 1928** that I last saw **alive** on **4/16 1928**, and that death occurred, on the date stated above, at **6:45 a.m.**

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

**Pneumonia Primary**

107R (duration) mos. 4 ds.  
CONTRIBUTORY (SECONDARY) **1000W** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
b IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....  
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **W. J. Thompson**, M. D.  
**4/17 1928** (Address) **3108 Cass**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
**Bismarck Mo.** **4/18 1928**

20. UNDERTAKER ADDRESS  
**Heck and Dickman 3039 Easton**

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.

