

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

Do not use this space.

38036

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. 2045 Uccomac)

File No. ....

Registered No. **11190**

St. .... Ward)

**2. FULL NAME** Ida Heytman

(a) Residence. No. 2645 Uccomac St., 23 Ward.

(If nonresident, give city or town and State)

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

**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 Frank Heytman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
55 5 28

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

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

**PARENTS**  
10. NAME OF FATHER Nelson Knutgen  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lienmark  
12. MAIDEN NAME OF MOTHER Minnie Nelson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Frank Heytman  
(Address) 96451 E. Lombard St. TX

15. FILED 27 19 Nov Estlander  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**3** 16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25 1930  
17.

I HEREBY CERTIFY, That I attended deceased from Nov 22, 1930, to Nov 25, 1930  
that I last saw h. alive on Nov 25, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
1. Aortic atherosclerosis  
2. MI  
3. Chronic myocardial inf.  
4. Chronic nephritis  
(duration) ..... yrs. .... mos. .... ds.  
(duration) 2 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
At home  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? see name  
(Signed) Edmund, M. D.  
11-24, 19 30 (Address) 2255 S. Jefferson

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marcus Cem. DATE OF BURIAL 11-28 1930

20. UNDERTAKER Wirth Bros. & Co. 2929 S. Jefferson ADDRESS

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.

