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.

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

Do not use this space.

24915

File No. 7089

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. 7[illegible]

City St. Louis, Missouri No. 1111 McGirk Street St. ..... Ward)

2. FULL NAME Adolph Heitz Sr.

(a) Residence, No. 1111 McGirk Street St., 73 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 7, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Retired)

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) (STATE OR COUNTRY) Alsace Loraine 9

FATHER

13. NAME Dennis Heitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Magdalena Simon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Loraine 9

17. INFORMANT (ADDRESS) Sophia Heitz 1111 McGirk Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter & Paul DATE Aug. 1st 1932

19. UNDERTAKER (ADDRESS) Werck Bros 2201 S. Grand Boulevard

20. FILED 31 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1930, to 7/29, 1932

I last saw him alive on 7/29, 1932 Death is said to have occurred on the date stated above, at 9:45 P.M.

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

Bronchopneumonia (terminal) — Date of onset 7/27/32
Chr. H. Acute Endocarditis
92A
93C
107A
92A

Other contributory causes of importance:
Chr. Myocarditis-Arteriosclerosis
Chr. Articular Rheumatism
Secondary anaemia

Name of operation none Date of —

What test confirmed diagnosis? clinical 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 ①

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify —

(Signed) William H. Broeder, M. D.

(Address) 1225 Sidney

Dr Vincent
1225-3 Sidney