

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

Do not use this space.

33321

1. PLACE OF DEATH

County St. Charles Registration District No. 157
 Township _____ Primary Registration District No. 3036
 City St. Charles (No. 823, Lewis St. _____ Ward _____)

2. FULL NAME

Charles Joseph Heitmann
 (a) Residence, No. 823 Lewis 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16 - 1854

7. AGE YEARS 77 MONTHS 9 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Farmer
 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) New Mexico

13. NAME Henry Heitmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No history

15. MAIDEN NAME Evie Heitman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No history

17. INFORMANT Walter Heitmann (ADDRESS) 823 Lewis St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richard Farm Lane DATE Oct 17 1932

19. UNDERTAKER W. A. Allmeyer & Sons Co (ADDRESS) 1700 N. 17th

20. FILED 10/17 1932 W. B. Blochman Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22 1932 to Oct 14 1932

I last saw him alive on October 13 1932 Death is said to have occurred on the date stated above, at 5:50 P. m.

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

Hydronephrosis Date of onset 6 mo ago
Ascemia
97
1330
97

Other contributory causes of importance:

Polycystic kidney 6 mo ago
Arteriosclerosis (arterial) 5 yrs ago

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 _____

Nature of injury _____

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

If so, specify _____

(Signed) B. P. Wentker, M. D.

(Address) St. Charles, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 28 1934

