

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

Do not use this space.

MAY 7 1936

17721

1. PLACE OF DEATH

County *St. Louis*

Registration District No. **791**

File No. *17721*

Township *St. Louis*

Primary Registration District No. **1008**

Registered No. **4504**

City *St. Louis* (No. *1139*)

St. *10th* Ward

2. FULL NAME

Julius Heidtman

(a) Residence, No. *710 Madison* Ward **23**
(Usual place of abode)

Length of residence in city or town where death occurred *16* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 11 - 1887*

7. AGE YEARS *48* MONTHS *11* DAYS *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Common*

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) *Germany*

13. NAME *Julius Heidtman*

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

15. MAIDEN NAME *Loise*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Wm J. ...*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wright City* DATE *Apr 20 36*

19. UNDERTAKER (ADDRESS) *Robert N. Hoff Inc*

20. FILED **APR 24 1936** Registrar *J. P. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/24/36*

22. I HEREBY CERTIFY, That I attended deceased from *4/22*, 19*36* to *4/24/36*, 19*36*. I last saw *him* alive on *4/24/36*, 19*36*. Death is said to have occurred on the date stated above, at *12:45* P.M.

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

Other contributory causes of importance: *108*

Name of operation Date of ... What test confirmed diagnosis? Was there an autopsy? *yes*

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) *Roy Greenbaum* M. D. (Address) *St. Louis*

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.

