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

SEP 10 1937

29485
Do not use this space.

Registration District No. 2 / 791
Primary Registration District No. 1003
Registered No. 8118

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. 819 Wright Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRED HEITMAN,
(a) Residence, No. 819 Wright Street St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Amanda Heitman (Hall)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	10	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lumber Inspector
9. Industry or business in which work was done, as saw mill, bank, etc. Car-Trombly Lumber Co.
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) St. Louis, Mo

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL August 31, 1937
PLACE St. Ferdinand Florissant, Mo DATE 19

19. FUNERAL DIRECTOR Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED AUG 29 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-19-, 1937, to 8-27-, 1937
I last saw him alive on 8-27-, 1937. Death is said to have occurred on the date stated above, at 1:20 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

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Other contributory causes of importance:
Heat exhaustion
Heat stroke

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-19-, 1937
Where did injury occur? Place of employment
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Industry (Heat exhaustion)
Manner of injury Heat exhaustion
Nature of injury Heat Exhaustion

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. F. McCoy, M. D.
(Address) 2806 Holly St. Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Edwin J. Steinmann, Licensed Embalmer No. 2513

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Edwin J. Steinmann

Licensed Embalmer No. 2513

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)