

JAN 10 1938

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

42987
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis,** (d) Street No. **City Hospital No. 1** St. **11237**
(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

Arthur Heitman Jr.
(a) Residence, No. **1313 Hickory** St. **22** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 19, 1930**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 **11** **17**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **student**
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, Missouri**

FATHER 13. NAME **Arthur Heitman Sr.**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

MOTHER 15. MAIDEN NAME **Elizabeth Lyga**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

17. INFORMANT (ADDRESS) **Hosp. Info M.^{ent}**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New SS. Peter & Paul** Dec. 8 37

19. FUNERAL DIRECTOR (ADDRESS) **Wm. C. Mayhew**
1926 Ahlen Ave.

20. FILED **DEC 6 1937** **J. H. Bradeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/5/37**, 19...
22. I HEREBY CERTIFY, That I attended deceased from **11/25/37** to **12/5/37**, 19...
I last saw him **12/5/37** at **3.30 p** Death is said to have occurred on the date stated above, at **3.30 p**
The principal cause of death and related causes of importance were as follows:

Cerebrospinal meningitis (Streptococcus meningitidis)
Staphylococcus aureus
Acute media left mastoiditis left Bronchopneumonia
Other contributory causes of importance:
Staphylococcus aureus
Acute media left mastoiditis left Bronchopneumonia

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) **Richard P. Veth**, M. D.
(Address) **City Hospital No. 1**

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.

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STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Wm. C. Moydell

Licensed Embalmer No. 1467

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