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.

1. PLACE OF DEATH
92 County St Charles — Registration District No. 757 — File No. 3916
4 Township — Primary Registration District No. 3036 — Registered No. 18
3 City St Charles (No. St Joseph Hospital St. Ward)

2. FULL NAME Annie Heitzberg 321
(a) Residence, No. St Charles Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Heitzberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1860

7. AGE — YEARS: 77 — MONTHS: 1 — DAYS: 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Cottleville Mo.

FATHER
13. NAME Lauper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace La Raine

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace La Raine

17. INFORMANT (ADDRESS) Mrs. Anthony Fox 214 Edward St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL St Peters Cem.
PLACE St Charles Mo DATE Jan 31st 1938

19. UNDERTAKER (ADDRESS) H. C. Dallmeyer & Sons Co St Charles Mo

20. FILED 1/31 1938 Clarence G. Wessler Registrar A 679

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1937, to Jan 28 1938
I last saw her alive on Jan 28 1938. Death is said to have occurred on the date stated above, at 7:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile hypertensive arteriosclerosis	1930

Other contributory causes of importance:

Hypertensive myocardosis with decompensation	1937

Name of operation None Date of —
What test confirmed diagnosis? — 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) E. J. Canty, M. D.
(Address) St. Charles, Mo

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH