

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8990

Do not use this space.

REC'D APR 11 1938

1. PLACE OF DEATH

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

Registered No. **2579**

2. PRINT FULL NAME **Julianna Heitzmann 325**

- (a) Residence, No. **106 Horn ave.** St. **LR** **Lemay, Missouri.**
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 15, 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 I 2

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

9. Industry or business in which work was done, as 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) **Baden,** 6
 (STATE OR COUNTRY) **Germany**

FATHER 13. NAME **Unknown Pfeifer** 6
 14. BIRTHPLACE (CITY OR TOWN) 9
 (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) **Unknown**

17. INFORMANT **William Heitzmann**
 (ADDRESS) **106 Horn ave. Lemay, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Mt. Hope Cem.** DATE **March 19 1938**

19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co.**
 (ADDRESS) **781 S. Broadway**

20. FILED **17 1938** 19 **J. F. Bredek**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 19 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 14 1938** to **March 17 1938**
 I last saw h. or alive on **March 16 1938** Death is said to have occurred on the date stated above, at **1.25 A.M.**
 The principal cause of death and related causes of importance were as follows:

Gangrene of both legs
arteriosclerosis
 Date of onset

Other contributory causes of importance:

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?..... 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) **Jean J. Mee**, M. D.
 (Address) **204 W. ...**

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, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L.C. Hoffmeister 3871

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Geo. W. Hoffmeister
Licensed Embalmer No. 2426

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.)