

REC'D MAY 10 1938

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

13137

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1008**
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 1602 Menard Registered No. 3741
 (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

(a) Residence, No. 1602 Menard St. **23** (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 Female 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 Hermann Heitmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 1

OCCUPATION 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. house wife
 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) Mill Stadt Illinois

FATHER 13. NAME John Buddin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hermann Heitmann 1602 Menard St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE 9-24-38

19. FUNERAL DIRECTOR (ADDRESS) Witt Bro. & Co. 2929 S. Jefferson Av.

20. FILED J. F. Brudiek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to 4-20, 1938
 I last saw h. alive on 4-19, 1938 Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Cerebral Hemorrhage Date of onset
gnal

Other contributory causes of importance:

Hypertension
No facility

Name of operation none Date of X

What test confirmed diagnosis? Clinical 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) Louis F. Murphy, M. D.

(Address) 1831-8-9 St. St.

STATEMENT BY LICENSED EMBALMER

Paul A. Shanklin

Licensed Embalmer No.

3472

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

Paul A. Shanklin

L. E.

No. *3472* or by

Registered Apprentice No.

working under my personal supervision.

Signed

Paul A. Shanklin

Licensed Embalmer No.

3472

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.)