

REC'D MAY 24 1938

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

15692
 Do not use this space.

Registered No. 58

1. PLACE OF DEATH
 (a) County St. Charles Mo Registration District No. 757
 (b) Township St. Charles Primary Registration District No. 3036
 (c) City St. Charles (d) Street No. _____ St.
 (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 Dorlean Laura Sophia Heitmann 355
 (a) Residence, No. 912 N. Benton Ave St Charles Mo (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 (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26th 1930
 7. AGE YEARS 7 MONTHS 6 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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 0
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo
 FATHER 13. NAME Walter Heitmann
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles County Mo
 MOTHER 15. MAIDEN NAME Ginda Horst
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo
 17. INFORMANT (ADDRESS) Walter Heitmann 912 N Benton St Charles Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE St Johns Cemetery DATE April 11th 1938
 19. FUNERAL DIRECTOR (ADDRESS) Wm B Dellmeyer & Sons Co St Charles Mo
 20. FILED 4/11 1938 L. Lawrence P. Neuler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th 1938
 22. I HEREBY CERTIFY, That I attended deceased from April 7th 1938 to April 9th 1938
 I last saw her alive on April 9th 1938 Death is said to have occurred on the date stated above, at 7:59 a.m.
 The principal cause of death and related causes of importance were as follows:
Meningitis following measles Date of onset 4/5/38
measles ?
 Other contributory causes of importance: 7
 Name of operation _____ 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) L. Lawrence P. Neuler, M. D.
St Charles Mo (Address) 679

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,, Licensed Embalmer No.

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.....

..... Licensed Embalmer No.

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.)