REC'D JUN 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 296. — File No. 18196
Township Union — Primary Registration District No. ~~[illegible]~~ 4180. — Registered No.
City Union (No. , St. Ward) 355

2. FULL NAME Katherine M. Heitmann

(a) Residence, No. 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: 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 John M. Heitmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6 1889

7. AGE: Years 48 — Months 5 — Days 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Gildehous — (STATE OR COUNTRY) Missouri.

FATHER
13. NAME Henry C. Johansmann
14. BIRTHPLACE (CITY OR TOWN) Gildehous — (STATE OR COUNTRY) Missouri.

MOTHER
15. MAIDEN NAME Clara M. Haberberger
16. BIRTHPLACE (CITY OR TOWN) Neier, Missouri. — (STATE OR COUNTRY)

17. INFORMANT John M. Heitmann — (ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE Immaculate Conception Church Cemetery Union, Mo. — DATE May 23 1938

19. UNDERTAKER Union Funeral Home By Wm H. Hern — (ADDRESS) Union, Missouri.

20. FILED 5-23 1938 Louis J. Hauck M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931, to 5-19 1938
I last saw h. alive on 5-19 1938. Death is said to have occurred on the date stated above, at 8 30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:
Coronary Sclerosis

Name of operation Date of
What test confirmed diagnosis? Physical 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) H. M. Denny, M. D.
(Address) Union Mo.