

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
10034445  
Do not use this space.

1138

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City, St. Louis..... (d) Street No. 4552 Gravois..... 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.

2. PRINT FULL NAME <sup>320</sup> Anna Heitz

(a) Residence, No. 4552 Gravois..... St. 15  
 (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 (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Heitz  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 28 1863  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 10 6  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work  
 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) (STATE OR COUNTRY) St. Louis Mo.  
 FATHER 13. NAME Henry Vornberg  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Katherine Schlier  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT Fred Heitz  
 (ADDRESS) 4543 Morganford  
 18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Feb. 6 1939

19. FUNERAL DIRECTOR (NAME) Wm. Schumacher  
 (ADDRESS) 3013 Meramec St.

20. FILED 4 1939 J. D. Budick  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1939 to Feb 3 1939  
 (last saw h. w. alive on Feb 2 1939 Death is said to have occurred on the date stated above, at 3:30 A. M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset ?

Other contributory causes of importance:

Acute Broncho Pneumonia SDA

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 At Schumacher's M. D.  
 (Signed) At Schumacher's  
 (Address) 6811 1/2 Gravois Ave

9-10-6

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*Clarence Kochow*

or by *Me*

Registered Apprentice No. ...., working under my personal supervision.

Signed *Clarence Kochow*

Licensed Embalmer No. *3093*

P. O. Address *3013 Merame*

**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.)**

**If this body is not embalmed, above space should be left blank.**