

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8130

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 379

1. PLACE OF DEATH:

(a) County ST. LOUIS
 (b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MANCHESTER NURSING HOME 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Oct 15, 1939
(Specify whether)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME EMIL HEITZMANN

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Caroline W. Heitzmann 6. (c) Age of husband or wife if alive Dec 14 years

7. Birth date of deceased September 1 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation retired Brew Master

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. F. Maul
 (b) Address 3921 North Taylor Ave.

17. (a) burial (b) Date thereof Feb 24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director A. Krow
 (b) Address 2707 North Grand Bl.

19. (a) FEB 23 1940 (b) TRANGE
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis Taylor Ave.
(If outside city or town limits, write "RURAL")
0
 (d) Street No. 3921 North Taylor
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21st
 year 1940 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 15
 _____, 1939 to Feb 21, 1940

that I last saw him alive on February 21, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Duration _____

Due to _____

Due to 930

Other conditions Arteriosclerosis - Renal
(Include pregnancy within 3 months of death) asthma

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature R. J. Jensen (M. D. coroner)
 Address Manchester Mo Date signed 2/24/40

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul F. Knollenberg

Licensed Embalmer No.....

2631

P. O. Address.....

2707 W. Grand

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.