

17277

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 4755

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 Days St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3204 Hawthorne Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Frances Heitkamp 325
(b) If veteran, name war *****
(c) Social Security No. *****

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 30th day May
year 1940 hour 7:30 minute A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph A. Heitkamp
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 10 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25-40
_____, 1940, to May 30, 1940:
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 *** 20
hr. min.

Immediate cause of death Fr. Lys. Rip through
arteries
Fr. in heart
3204 Hawthorne
Duration _____

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

Due to Fr. Lys. Rip through
arteries
Due to Fr. in heart
3204 Hawthorne
Other conditions Smoking 86 yrs age
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Frank Klockner
13. Birthplace Germany
(State or foreign country)
14. Maiden name Margaret Summeyer
15. Birthplace Germany
(City, town or county) (State or foreign country)

16. (a) Informant's own signature Miss Chas Coy
(b) Address 3204 Hawthorne Blvd

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Fall on her home
(b) Date of occurrence 5/30/40
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, or in, in industrial place, in public place?
Home

17. (a) Burial (b) Date thereof June 1 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature John Peetz (M. D. or other)
Address 506 Glen St Date signed 5-31-40

19. (a) MAY 31 1940 (b) _____
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1 X19311

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 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 J. Jones

Licensed Embalmer No.....
2245

P. O. Address.....
St. Louis, Mo.

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.