

SEP 25 1940

Registration District No. **791**

Primary Registration District No. _____

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:
St. Louis Children's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether
In this community _____
years, months or days) **2 1/2**

3. (a) PRINT FULL NAME **Heitgerd, George Robert**

3. (b) If veteran, name war **child** 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **child**

6. (b) Name of husband or wife **Child** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **2-25-39**
(Month) (Day) (Year)

8. AGE: Years **1** Months **5** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

12. Name **Ralph**

18. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Edna Todd**

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

16. (a) Informant **SV adder**

(b) Address **416 S. Kingshighway**

17. (a) **Burial** (b) Date thereof **AUG 26 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cem**

18. (a) Signature of funeral director **Beidewieden Funl Home I**
(b) Address **1936 St Louis Ave**

19. (a) **AUG 24 1940** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri** (b) County _____
(c) City or town **St. Louis** **10**
(If outside city or town limits, write "RURAL")
(d) Street No. **3205 Bailey**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **23**
year **40** hour **4** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **8-19**
19**40**, to **8-23-1940**;

that I last saw him alive on **8-23-1940**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Staphylococcus septicaemia acute suppurative otitis media.**

Due to **Hemolytic Staphylococcus aureus.**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

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

23. Signature **R. J. Dattner** (M. D. or other) _____
Address **520 South Kingshighway** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
0-39
39
21492

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

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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.