No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30564

Registration District No. 1003 OCT 29 1940

Primary Registration District No.

Registrar's No. 7841

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:
Enroute to Alwxian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis Marceau St. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 502 W. Marceau st. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert Heitmann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 21 (Month) (Day) 1933 (Year)

8. AGE: Years 7 Months 5 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Student 0

11. Industry or business St. Boniface School 0

FATHER
12. Name Bernard Heitmann
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Genevieve Widmer
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 21

16. (a) Informant Bernard J. Heitmann
(b) Address 502 W. Marceau St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21, 40 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul Cem.

18. (a) Signature of funeral director C. Hoffmeister U.-L. Co.
(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) SEP 20 1940 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1940 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured S Kull Laceration and Haemorrhage

Due to Brain suffered when ran over by Food Truck

Due to Driven by one Adam Dietrich about 405 P. M. Sept 19-1940

Other conditions
(Include pregnancy within 3 months of death)
in front of about 405 Davis

Major findings:
Of operations S.

Of autopsy Accident

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) Accident
(b) Date of occurrence 9/19/40
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury Auto

23. Signature Joseph M Lucas (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeist

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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