

FILED MAR 17 1941

Registration District No. 423

Primary Registration District No. 5578

State File No. _____

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rock Hill, A.F. Circle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community about 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Heiligtag

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Meredith Heiligtag 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov 14th 1875 (Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Antonia Mo. D. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name William Heiligtag

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Caroline Sager

15. Birthplace House Springs Mo. (City, town, or county) (State or foreign country)

16. (c) Informant Walter Heiligtag

(b) Address Barnhart Mo.

17. (c) Burial (b) Date thereof Feb-23-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Emmanuel Lutheran Cemetery

18. (c) Signature of funeral director Heiligtag, Theresia
(b) Address Kimmavick Mo.
19. (c) Feb 23 1941 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Year Barnhart Mo (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day of February year 1941 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct. 20, 1938 to Feb. 19, 1941, that I last saw him alive on Feb. 19, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Acidosis & respiratory failure Duration 24 hrs

Due to Cerebral Hemorrhage 3-4 yrs.

Due to Arterio-sclerosis 10 yrs.

Other conditions. (Include pregnancy within 5 months of death) _____

Major findings: Of operations None Of autopsy None 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? 391
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Mariotte M. Morrison, M.D. (M. D. or other) D
Address Kimmavick, Mo. Date signed 2-21-41

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

MAY 29 1958

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 Elmer A. Heligtag
Licensed Embalmer No. 3571
P. O. Address Kimberly, 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.