

Registration District No. 791

Primary Registration District No. 1003

Registrar's 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:  
DePaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 62 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Jennings  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2052 Switzer Ave  
(If rural, give location)  
(e) Citizen of foreign country? Unknown (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Anna C. Heytmann

3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th  
year 1942 hour 3:00 AM minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

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

6. (b) Name of husband or wife Joseph Heytmann 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August 12, 1871  
(Month) (Day) (Year)

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage  
ruptured when deceased  
tripped and fell in the  
bed room of her home  
2052 Switzer Ave. on  
May 4<sup>th</sup> 1942 about  
7:30 Am.

8. AGE: Years 70 Months 9 Days 3 If less than one day..... hr..... min.

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

10. Usual occupation At home

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings: Of operations 186

12. Name Richard Mueller

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

14. Maiden name Anna Ginsky

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

Of autopsy.....

16. (a) Informant Joseph Heytmann

(b) Address 2052 Switzer Ave

17. (a) Burial (b) Date thereof 5/18/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Nat. Ave

19. (a) MAV (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence May 4, 1942  
(c) Where did injury occur? at home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature Walter Perry (M. D. or other).....  
Address Department Date signed 5/16/42

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

MOTHER FATHER

100  
17  
9

96  
K.R.P.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

844

**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: *Francis A. Williamson*

Licensed Embalmer No. *3565*

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, fact should be so stated above.**