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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22268

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1393

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 6/25/42 (Specify whether unknown.
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 7

(d) Street No. 4105 Haven Street. (If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Herman O. Heitzenroeder

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 492-16-3193

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dorothea

6. (c) Age of ~~husband~~ or wife if alive 46 years

7. Birth date of deceased February (Month) 27, (Day) 1889 (Year)

8. AGE: Years 53 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Bartender

11. Industry or business -

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Gacker-Hilderle Und. & Lin. Co.
(b) Address 3634 Gravois Ave.

19. (a) JUN 29 1942 (Date received local registrar) (b) E. G. McGarvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th, year 1942 hour 5:10 minute P.M.

21. I hereby certify that I attended the deceased from June 26, 1942, to June 26, 1942; that I last saw him alive on June 26, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metabolic heart disease (obesity) cardiac enlargement, myocardial	
Due to damage and myocardial insufficiency, and	Unkn
Due to Hemiplegia, left, flaccid, incident to cerebrovascular disease.	2 days
Other conditions - (Include pregnancy within 3 months of death)	

Major findings:
Of operations -
Of autopsy No autopsy.

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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) no
(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 L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer. Date signed 6/26/42

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.