

S. No. 2
1-9-4-41
5-17-39
X 29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22813

FILED JUL 28 1942
791

Primary Registration District No. 1003

State File No.

Registrar's No. 6017

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Kirkwood, Mo. 4
(If outside city or town limits, write "RURAL") 3 N.R.

(d) Street No. 518 W. Knierin St.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Jewel Heitman

3. (b) If veteran, name war.....

3. (c) Social Security No. 494-10-9892

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Harvey Heitman 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 24, 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>11</u>	<u>20</u>hr.min.

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

10. Usual occupation Clerical

11. Industry or business T. N. T. Plant, Weldon Springs, Mo.

MOTHER FATHER

12. Name Lloyd McGee

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

14. Maiden name Ruth Laurence

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

16. (a) Informant Harvey Heitman

(b) Address 518 W. Knierin, Kirkwood, Mo.

17. (a) Cremation (b) Date thereof 7/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUL 16 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1942 hour 10 minute 16 P. M.

21. I hereby certify that I attended the deceased from July 13 1942 to July 14 1942
that I last saw him alive on July 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Acute enterocolitis
Secondary anemia-severe
Aspirin poisoning + Pellegria
Severe dehydration
Byuria. & Cardiac
decompensation

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)
Mo. (No medical care for 3 months)

Duration
4 mo.

Major findings:
Of operations 69

Of autopsy 1/10

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?.....

23. Signature J. F. Bedeck (Specify type of glass) (e) Means of injury 10
Address 508 N. Kirkwood Rd Date signed 7/16/42

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

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.....

Harry Eymck

Licensed Embalmer No.....

1284

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.