V. S. No. 2
30M—5-42
ev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12237

ED APR 19 1943 318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 3374

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

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:
3209 Delor st.
(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)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 3209 Delor st.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louisa Heits

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George P. Heits

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September (Month) 1 (Day) 1870 (Year)

8. AGE: Years 72 Months 7 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

FATHER
12. Name Otto Friede
13. Birthplace _____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Caroline Haselhorst
15. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant George Heits
(b) Address 3209 Delor st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) APR 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 8 year 1943 hour 6 minute 50 p. M.

21. I hereby certify that I attended the deceased from 4-8-, 1943, to 4-8-, 1943 that I last saw her alive on 4-8-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Chronic Interstitial Nephritis

Due to (2) Chronic Myocarditis

Due to (3) Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy ✓

Duration

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 _____

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. S. Powell (M. D. or Coroner)
Address 6006 Virginia Date signed 4-9-43

(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

Paul A. Franklin, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 7814 80. Broadway

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.