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THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **407**
Registrar's No. **427**

FILED FEB 27 1945 18

Registration District No. **254** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: City 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)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Arthur August Heitman

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gertrude Heitman

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

7. Birth date of deceased Dec. 2 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 1 8 hr. min.

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

10. Usual occupation Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name John Heitman

{ 13. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Hannah Robinson

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

16. (a) Informant Gertrude Heitman

(b) Address Patton, Missouri

17. (a) Burial (b) Date thereof 1-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patton, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 14 1945 J. F. Bunch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Near Patton
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1944 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull
subdural hemorrhage of brain
when he jumped over porch
Due to sailing in rear of
5351 1/2 Wells ave 1-10-44
Due to about 10:10 am

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 16 H.
Of operations _____

Of autopsy _____

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) Suicide

(b) Date of occurrence 1-10-44

(c) Where did injury occur? Home St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

23. Signature Alfred Perry (M. D. or other) _____
Address Quincy, Mo Date signed 1/14/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

John Agorosky
.....

..... Licensed Embalmer No. *3398*

..... 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.