

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

2
43
39
36671

FILED JUN 1 1948
Registration District No. 518

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthonys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
in this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3622 Montana
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Infant Heitzer

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased: May 21, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 25 min.

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

10. Usual occupation none

11. Industry or business.....

12. Name Charles Heitzer

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

14. Maiden name Loretta Dierkes

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

16. (a) Informant Charles Heitzer

(b) Address 3622 Montana

17. (a) burial (b) Date thereof: 5-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director: Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) MAY 22 1944 (Date received local registrar)
J. J. Ordeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1944 hour 12:45 minute am

21. I hereby certify that I attended the deceased from May 21
1944 to May 22, 1944
that I last saw him alive on May 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Birth Duration 5 mo

Due to.....

Due to.....

Other conditions: 159
(Include pregnancy within 3 months of death)

Major findings: 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).....

(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?.....

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

23. Signature J. J. Ordeck (M. D. or other)
Address 1014 S. Jefferson Date signed May 22

Dr Kinney

3014

Jefferson

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.....

Virgil L. Berryman

..... Licensed Embalmer No.

4018

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.