S. No. 2
M—5-42
. 5-17-39
I X32873

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

De. Evans

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27748

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 670

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 863 N. Robberson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: 13 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 29
(c) City or town: Springfield
(If outside city or town limits, write "RURAL") 2
(d) Street No.: 863 N. Robberson
(If rural, give location) U
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles F. Heitzmann
3. (b) If veteran, name war: Spanish American
3. (c) Social Security No.: No
4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Unk.
6. (c) Age of husband or wife if alive: Dea. years
7. Birth date of deceased: December (Month) 28 (Day) 1873 (Year)
8. AGE: Years 70 Months 7 Days 18 If less than one day hr. min.
9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Butcher
11. Industry or business:
MOTHER FATHER
12. Name: Charles Heitzmann
13. Birthplace: Unk (City, town or county) Germany (State or foreign country)
14. Maiden name: Hildegard Rebholz
15. Birthplace: Unk (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Mrs. Anna Heitzmann
(b) Address: Clayton, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8/17/44 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Louis, Mo.
18. (a) Signature of funeral director: HUH. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 8-17-44 (Date received local registrar) (b) E. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 16 year: 1944 hour: 10 minute: 45 p. M.
21. I hereby certify that I attended the deceased from Aug 14, 1944, to Aug 16, 1944, that I last saw him alive on Aug 16, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus	Duration
Due to:	
Due to:	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: E. L. Evans (M.D. or other)
Address: 318½ Colley, Springfield, Mo. Date signed: Aug 17/44

(Licensed Embalmer's Statement on Reverse Side)

OCT 5 19

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. 2457

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.