

**FILED DEC 28 1945**  
Registration District No. **317**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Manchester**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Manchester Nursing Home & Sanatorium 4**  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution **5 Months and 7 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **AUGUST HEILIGTAG**

3. (b) If veteran, name war **-----** 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 **MAR. 11, 1875**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **9** Days **9** If less than one day hr. min.

9. Birthplace **ANTONIA Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **FARMER.**

MOTHER FATHER { 12. Name **HENRY HEILIGTAG**  
13. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ANNIE B. BOHLING**  
15. Birthplace **HIGH RIDGE Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MISS LULU HEILIGTAG**  
(b) Address **PEVELEY Mo.**

17. (a) **BURIAL** (b) Date thereof **DEC 23 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST PAUL'S CH. ANTONIA Mo.**

18. (a) Signature of funeral director **HEILIGTAG FUNERAL HOME**

(b) Address **KIMMSWICK Mo.**

19. (a) **12-21-45** (b) **ES M. GARNER**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **JEFFERSON 50**  
(c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **NEAR ANTONIA Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **-----**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **20** year **1945** hour **3 30** minute **17** M.

21. I hereby certify that I attended the deceased from **July 14**, 19**45** to **Dec 20**, 19**45**; that I last saw him alive on **Dec 17**, 19**45**; and that death occurred on the date and hour stated above.

Immediate cause of death **Senility  
chronic myocarditis**

Due to **general arteriosclerosis**

Due to **aged**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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 **ES M. GARNER** (M. D. or other) Address **3507 Potomac** Date signed **12-21-45**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

JUN 18 1946

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 Arthur W. Heiligtag  
Licensed Embalmer No. 3872  
P.O. Address Timminick Inc

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.