

No. 2  
1/47  
17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10268

State File No.

National Office of Vital Statistics  
FILED APR 3 1948

318

Primary Registration District No.

1003

Registrar's No.

2855

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: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 Days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 519 Pendleton Ave.  
(If rural, give location) 9  
(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME FRANCES J. HEITMAN

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife..... Late Christian  
6. (c) Age of husband or wife if alive..... year.....  
7. Birth date of deceased..... Aug. 8 1918  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 14  
If less than one day  
hr. min.

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

10. Usual occupation Housework

Industry or business.....

12. Name Henry Kaiser  
Birthplace..... Germany  
(City, town, or county) (State or foreign country)

Maiden name Raechel Johnson

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

16. (a) Informant Clarence H. Heitman

(b) Address 519 Pendleton Ave.

17. (a) Entombment (b) Date thereof 3-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 23 1948 (b) J. P. Brauer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1948 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from Mar 2 1948 to Mar 3/22 1948  
that I last saw her alive on Mar 3/1 1948  
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Cerebral hemorrhage today

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsies.....

PHYSICIAN  
Underline the cause of 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?..... (c) Means of injury.....

23. Signatur Chrommiller (M. D. or other) M.D.  
Address 408 Humboldt Bldg Date signed 3/23/48

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

can. by Mrs. H. S. Kaiser

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.....

*Edwin A. M. Bennett*

Licensed Embalmer No..... *3024*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of St. Louis } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 2855

On this 3rd day of April, 1948, before me appears.....

Mr. Frank Deters (Funeral Dir.), who, upon his oath, states that the original record of ~~birth~~ death

for Frances J. Heitman, died ~~born~~ March 22nd, 1948, in the State of Missouri, and which was filed at St. Louis, Missouri on 3-23-48, 19....., should be corrected as follows:

Item No. 7 should read August 8, 1871

Instead of..... August 8, 1870

Item No. 8 should read 76 yrs. 7mos. 14days

Instead of..... 77 yrs. 7mos. 14days

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Frank Deters Fun. Dir.  
Relationship.

4218 S. Kingshighway  
Present Address.

Subscribed and sworn to before me this 1 day of April, 1948

My Commission expires 3-4-49 Ella P. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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