

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

25014

Registrar's No.

1782

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 Lemay 23
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
110 E. Arlee
 (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)

3. (a) PRINT FULL NAME

Julius Edw. Heitz

3. (b) If veteran,

name war

WW #1

3. (c) Social Security No.

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

6. (b) Name of husband or wife Tola Heitz
 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased November 16 1898
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 8 17 hr. _____ min.

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

10. Usual occupation Lumber merchant

11. Industry or business own business

12. Name Geo. Heitz

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

14. Maiden name Mathilda Julius

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

16. (a) Informant Tola Heitz

(b) Address 110 E. Arlee

17. (a) burial (b) Date thereof 8-7-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

(e) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan

19. (a) 8-7-48 (b) Geulagshapff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Lemay 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 110 E. Arlee
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
 year 1948 hour 2 minute _____ M.

21. I hereby certify that I attended the deceased from Aug 2
1948 to Aug 4 1948
 that I last saw him alive on 8-4-48
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

ac dilation of heart
Coronary thrombosis 1 hr.
 30 min.

Due to cardio-vascular heart

Due to 9:30 descent

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?

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature E. J. Creel (M. D. or other) _____

Address 757 Lemay Ter Date signed 8/6/48

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 *Ronald Jahnske*.....

Licensed Embalmer No. *3917*.....

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.