FEDERAL SECURITY AGENCY # 88538 MISSOURI DIVISION OF HEALTH

National Office of Vital Statistics

FILED AUG 28 1948

STANDARD CERTIFICATE OF DEATH

State File No. 27801

Registration District No. [illegible] Primary Registration District No. 1003 Registrar's No. 7191

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Memorial (Specify whether

In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 510

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 503 E. Espenscheid (If rural, give location) 9

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Eunice Heitmann

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George

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

7. Birth date of deceased June (Month) 9 (Day) 1892 (Year)

8. AGE: Years 56 Months 2 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Henry Carmean

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

14. Maiden name —

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

16. (a) Informant Wm. Meyer

(b) Address 503 E. Espenscheid

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem

18. (a) Signature of funeral director C. Hoffmeister & Co

(b) Address 7814 So. Broadway

19. (a) AUG 16 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1948 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 8-5-48, 19—, to 8-14-48, 19—; that I last saw her alive on 8-14-48, 19—; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Uremia

Due to Hypertensive Cardiovascular disease

Due to —

Other conditions Jaundice Eleanor Heitmann (Include pregnancy within 3 months of death)

Major findings:

Of operations 9 2 0

Of autopsy

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? (e) Means of injury

23. Signature [illegible] M.D.

Address 1515 Lafayette Avenue Date signed 8-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.

Embalmer filed signature

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.