S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7011

BIRTH NO. 12248-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 9515

1. PLACE OF DEATH
a. COUNTY: StLouis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StMarys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RFD No 1 House Springs 0500
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): BAby
b. (Middle): 0
c. (Last): HEITZ

4. DATE OF DEATH (Month) (Day) (Year): 2-8-1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Oct 8-50
9. AGE (In years last birthday): 0 | IF UNDER 1 YEAR: Months: | Days: | IF UNDER 24 HRS.: Hours: 1 | Min.: 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richmond Hts Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Richard H eitz
13b. MOTHER'S MAIDEN NAME: Alberta May Reynolds
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Richard Heitz
ADDRESS: House Springs Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature non-viable foetus (26 wk) — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 776X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 776X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-8, 1950, *to* 2-8, 1950, *that I last saw the deceased alive on* 2-8, 1950, *and that death occurred at* 1:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bernard W. Gewirtz (Degree or title): M.D.
23b. ADDRESS: 16 Hampton Village Plaza
23c. DATE SIGNED: 2/9/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-9-1950
24c. NAME OF CEMETERY OR CREMATORY: StMartins Cem
24d. LOCATION (City, town, or county) (State): High Ridge Mo

DATE REC'D BY LOCAL REG.: FEB 9 1950
REGISTRAR'S SIGNATURE: Herbert F. Monke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: John H Brimmer
ADDRESS: House Springs Mo.

(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 _____, Student Embalmer No. _____, working under my personal supervision.

Student ..... Student Embalmer

Signed Sam M. Sizemore

Licensed Embalmer No. 4253

P. O. Address St Louis MO

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.