

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012863
STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 85

300
1-57

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington | | c. CITY OR TOWN Dutzow 1090 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTIONS St. Francis Hospital | | d. STREET ADDRESS (If outside, give location) None | |
| Length of stay in 1b 18 days | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Anna Middle Cecelia Last Heitzman | | | 4. DATE OF DEATH Month April Day 15 Year 1959 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 21, 1876 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|-------------------------|----------------------------------|---|--|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboratory Tech. | 10b. KIND OF BUSINESS OR INDUSTRY General Hospital | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Charles Heitzman | 13b. MOTHER'S MAIDEN NAME Hildegard Reholz | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 489-05-2442A | 17. INFORMANT Mrs. W. J. Volkerding, Dutzow, Missouri | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Renal Disease | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) general arterio sclerosis | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Marthasville | COUNTY Warren | STATE Missouri |
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| 21. I attended the deceased from Apr. 1 1959 , to April 15 and last saw her/him alive on Apr 15 - 1959 Death occurred at 6:9 m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE W. Schumacher MD (Degree or title) | 22b. ADDRESS Marthasville Mo | 22c. DATE SIGNED 4-16-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/17/59 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) St. Louis, Missouri |
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| 24. FUNERAL DIRECTOR W. J. Volkerding | ADDRESS Marthasville, Mo. | 25. DATE RECD. BY LOCAL REG. 4/18/59 | 26. REGISTRAR'S SIGNATURE W. J. Volkerding |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Edmond F. Litchfield*

Licensed Embalmer No. 4318

P. O. Address Marthaeville...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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.