MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13636

791
1003

File No. 39880

Registered No.

1. PLACE OF DEATH
County St. Louis
Township
City St. Louis (No. 600 South Kingshighway Blvd St. Ward)
Registration District No. Barnes Hos
Primary Registration District No.

2. FULL NAME Harry A. Heineman
(a) Residence. No. 41 Arundel Pl St. 12 Ward. St. Louis Co. Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louise Heineman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): January 31, 1866

7. AGE: Years 61 | Months 2 | Days 26 | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Proprietor of
(b) General nature of industry, business, or establishment in which employed (or employer): Engraving Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Louisville
(STATE OR COUNTRY): Kentucky

PARENTS

10. NAME OF FATHER: Sussman Heineman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Europe
12. MAIDEN NAME OF MOTHER: Lena Bertman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Cincinnati Ohio.

14. INFORMANT: Louise Heineman
(Address): 41 Arundel Place.

15. FILED APR 27 1927 Max C. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-26-1927

17. I HEREBY CERTIFY, That I attended deceased from 4-18, 1927, to 4-26, 1927, that I last saw h. alive on 4-26, 1927, and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
94 A Angina Pectoris
1112 B
104 B
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hypertension - Edema of lungs - Postoperative
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-25-27
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Autopsy
(Signed) Geo. E. Neeche, M. D.
, 19 (Address) Barnes Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cemetery
DATE OF BURIAL: April 28, 1927

20. UNDERTAKER: Chas. L. Geraghty
ADDRESS: 4822 Easton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

cated by check marks, lacking from the death certificate:

Name: Harry A. Heineman

Who died at: St. Louis, Mo on April 26, 1927,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Angina Pectoris

Contributory: Hypertention, Edema of Lungs
Post Operative, for Angina Pectoris

Where was disease contracted? Information given over Phone by Dr H. E. Nasche

Did operation precede death? _____ Date of Dir. of V. S. 12-8-27

Was there an autopsy? _____ What test confirmed diagnosis? _____

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