

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

Do not use this space.

6953

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo. (No. Christian Hospital St. 26 Ward)

File No. 1918
 Registered No. 1918

2. FULL NAME

Warren C. Heinsius
 (a) Residence No. 1112 1/2 Buchanan St. 26 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. - mos. - da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 22, 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
5 9 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Louis H. Heinsius

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Red Bud
 (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Clara Volk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

14. INFORMANT L. H. Heinsius
 (Address) 1112 1/2 Buchanan

15. FILED May 6, 1928
 REGISTERED May 6, 1928

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1928, to Feb. 19, 1928, that I last saw him alive on Feb. 19, 1928, and that death occurred, on the date stated above, at 4:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis
Septicemia 129
126 115A
 (duration) 36 yrs. 5 da.

CONTRIBUTORY (SECONDARY) Acute Toxicosis non
Diphtherietic (duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 19, 28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Serology, Laparotomy

(Signed) F. C. Ischbrugg, M. D.

2-21, 1928 (Address) 3945 N. 11. St

*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 Friedens Cemetery DATE OF BURIAL Feb. 22, 1928

20. UNDERTAKER Suedmeyer & Sons ADDRESS 3934 N. 20

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.

