

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

Do not use this space.

**1. PLACE OF DEATH**

County St Charles Mo  
Township St Charles  
City St Charles

Registration District No. 757  
Primary Registration District No. 3036

File No. 24882  
Registered No. 100  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Morris Herbert Heinsy

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

**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)**

June 6<sup>th</sup> 1928

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
-	-	1	

**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 Charles Mo

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Linus Heinsy

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

St Charles Mo

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Mathilda Heinsy

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

St Charles Mo

(STATE OR COUNTRY)

**14.**

INFORMANT Linus H. Heinsy

(Address)

**15.**

FILED 6/7 1928 H. S. Gleason  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

July 7<sup>th</sup> 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from July 6 1928 to June 7 1928 that I last saw him alive on June 7 1928, and that death occurred, on the date stated above, at 11 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Infant

**CONTRIBUTORY (SECONDARY)**

15/16/18  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, No knowledge

DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) Robert B. Caldwell, M. D.

July 7, 1928 (Address) 2001 Jay St St Charles Mo

\*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**

**DATE OF BURIAL**

St Peters Cemetery Co. June 8<sup>th</sup> 1928

**20. UNDERTAKER**

**ADDRESS**

906 Wallmeyer St St Charles Mo

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.

