

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

Do not use this space.

8675

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No.)

File No.....

2848

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence. No. St.,

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos.

How long in U.S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | Married

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

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

June 14 1860

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

68 | 8 | 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Ammunition

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

George Heineck

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

France

12. MAIDEN NAME OF MOTHER

City Unknown

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

St. Louis Missouri

14. INFORMANT

(Address)

City of St. Louis

15. FILED

19.....

Feb 21 1923

May C. Starkey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 19 1929

17.

I HEREBY CERTIFY that I attended deceased from Jan 19 1929 to Jan 19 1929 that I last saw him alive on Jan 19 1929, and that death occurred on the date stated above, at 6:28 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

100
Lobar pneumonia

CONTRIBUTORY (SECONDARY)

101
101 W

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)

W. P. Berg, M. D.
City of St. Louis

*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

Smithton, Ill.

Feb. 21 1929

20. UNDERTAKER

ADDRESS

Wacker-Heldah

2331 S. Bradley

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.

Curr.