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

Do not use this space.

8741

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2414

Township ..... Primary Registration District No. 1003 Registered No. .....

City ..... (No. 8412 Pennsylvania St. 1 Ward)

2. FULL NAME John (Heintz) Heintz

(a) Residence. No. 8412 Pa a St., 1 Ward. .....
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1 - 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	4	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Missouri

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT D. Walson
(Address) 8412 Pa a

15. FILED FEB 23 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1926 to Feb 21, 1929 that I last saw him alive on Feb 21, 1929, and that death occurred, on the date stated above, at 8 30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchite
non Tubercular
93C
106B (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ch Myocardite
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) C. E. Moeller, M. D.
Feb 22, 1929 (Address) 3537 S. Jefferson

*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
Park Lawn	2/23 1929
20. UNDERTAKER	ADDRESS 7315
Southern	S. Bdwy

23 1 31 3

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Mackle –
3537 S Jefferson a