

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

Do not use this space.

17317

1. PLACE OF DEATH

County St. Louis Registration District No. 289
Township Central Primary Registration District No. 6033B
City (No. 7109) Hunter Ave. St. _____ Ward _____

File No. _____
Registered No. 151

2. FULL NAME

Herman E. Heineck
(a) Residence, No. 7109 Hunter Ave. St. _____ 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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Heineck</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 9, 1864</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>6</u>	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer, Merchant</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>				
FATHER	13. NAME <u>Don't know</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
MOTHER	15. MAIDEN NAME <u>Don't know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Mary Heineck</u> <u>7109 Hunter Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Lebanon Cem.</u> DATE <u>May 23</u> , 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>Geo. L. Pleitner Inc</u> <u>5966 Eastern Ave</u>				
20. FILED <u>5-21-</u> 19 <u>32</u> <u>J. J. Groll</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1931, to May 20, 1932
I last saw him alive on May 20, 1932. Death is said to have occurred on the date stated above, at 6 A. M.
The principal cause of death and related causes of importance were as follows:

<u>Angina Pectoris</u>	Date of onset <u>Sept 9 1931</u>
<u>Myocardial Infarction</u>	
<u>Arteriosclerosis</u>	

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? Chin. Th. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) D. M. Johnson M. D.
(Address) 4337 Washington Blvd
St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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27

4377 Washington Ave. S.W.

9/10/10

Sept 10 1910