

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 10133  
City St. Louis (No. City Hospital)

File No. 7433  
Registered No. 1387  
St. .... Ward .....

**2. FULL NAME**

# 18774 George Heines  
(a) Residence, No. 1501 S. 13th St. 23 Ward. 1501 S. 13th St.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 67 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>Henriette Heines</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29-1866</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>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....			
	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>St. Louis</u>				
MOTHER	13. NAME <u>Louis Heines</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Mary-Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT (ADDRESS) <u>Hospital Infirmary</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Pauls Churchyard</u> DATE <u>Feb 11 33</u>				
19. UNDERTAKER (ADDRESS) <u>Wackerly &amp; Geller</u>				
20. FILED <u>FFB - 9 12 33</u> <u>Wm Stanley</u> Registrar.				

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 33 to Feb 8th 33  
Last saw him alive on Feb 8th 33 Death is said to have occurred on the date stated above, at 2:55 a.m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Arterio-sclerotic Heart Dis. (Chr. Myocarditis)  
Chronic Nephritis  
Uremia

Other contributory causes of importance: 101  
956

Name of operation ..... Date of .....  
What test confirmed diagnosis? Urea 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) J. Maloney M. D.  
(Address) City Hospital

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.

*Ylona*