

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

Do not use this space.

2568

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **4314** - **Virginia**) St. **155** (Ward)

2. FULL NAME

(a) Residence, No. **4314 Virginia** Sts. **155** 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lulu H Heintz		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 - 1861		
7. AGE	YEARS 72	MONTHS 4
	DAYS 27	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour man	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cupples Retired 15 yrs	
	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) St. Louis, Mo		
MOTHER FATHER	13. NAME Henry Heintz	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo	
	15. MAIDEN NAME Anderson	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo	
17. INFORMANT (ADDRESS) Amelia Heintz 4314 Virginia		
18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus	DATE Jan 6 1934	
19. UNDERTAKER (ADDRESS) Wacker, Heldele 2331 Broadway		
20. FILED 44-1-1934		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 3 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 5 1933** to **Jan 3 1934**
I last saw him alive on **Jan 3 1934** Death is said to have occurred on the date stated above, at **6 p.m.**
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis 1915
97
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed) **Adam H. Haugman, M. D.**
(Address) **5439 Travis**

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. 1934

