JUN 26 1936

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

Do not use this space.

20616

1. PLACE OF DEATH
County St. Louis
Township Clayton
City Clayton
Registration District No. 790
Primary Registration District No. 6033
(No. St. Louis County Hospital St. Ward)
File No.
Registered No. 185

2. FULL NAME Herman Heindricks
(a) Residence, No. 2908 Salena 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tillie Heindricks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 25 1873
7. AGE: YEARS 63 MONTHS 2 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
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): St. Louis Mo.

FATHER
13. NAME: Henry Heindricks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Tillie Heindricks 2908 Salena St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Pauls Ch. Yd DATE May 7, 1936
19. UNDERTAKER (ADDRESS): Wm Schumacher 3013 Meramec St.
20. FILED 5-6 1936 Dr. A. J. Sigurelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/4/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 PM m.
The principal cause of death and related causes of importance were as follows:

Ramified decompressed fracture of the occiput; ramified and comminuted fracture transversal across base of skull. Fracture of 5 upper ribs left side in conjunction with the transverse process of spine, also fracture. Multiple punctures and lacerations; both lobes left lung; laceration of temporal lobe and cerebrum.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? over 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 5/6/36
(Signed) [signature], M. D.
(Address) 3718 Jennings Pl.
[signature]

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.

Fracture thru body of 7th and 8th dorsal vertebrae, causing severance of cord. Puncture of the pulmonary artery and also ascending aorta.

Sec; Internal hemorrhage and shock.

Accident at 131 E. Washington Ave. Kirkwood, Mo. Taken to County hospital where he expired two hours later.

Verdict of Jury:- Due to an accidental fall fram a ladder while painting a window sill.