

JAN 20 1937

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

Do not use this space.

46216

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1008  
City St. Louis Mo. (No. 5355 ALFRED AVE.) St. .... Ward)

File No. ....  
Registered No. 12031

2. FULL NAME JOHANNA HEINICHEN

(a) Residence, Now 5355 Alfred St. 15 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Alvin Heinichen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) March 1936 11. Total time (years) spent in this occupation. 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Heinricher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Arbunson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Alvin Heinichen (ADDRESS) 5355 Alfred Ave

18. BURIAL, CREMATION, OR REMOVAL Sunset B. Park Dec 8 36

19. UNDERTAKER Henry L. Herdmüller (ADDRESS) 6203 Bravo Ave

20. FILED DEC 19 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1936 to Dec 5 1936

I last saw him alive on Dec 5 1936 Death is said to have occurred on the date stated above, at 5:19 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset July  
8 p.m.

Other contributory causes of importance: Involuntary Melancholia

Name of operation No Date of No

What test confirmed diagnosis? Autopsy 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) Joseph Backlar M. D.  
(Address) 4760 Bravo Ave

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.

St. Paul  
1855