

JAN 20 1937

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

Do not use this space.

46428

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1008

City..... ST. LOUIS

(No....., H.H.O. of *St. Louis* Ave. St. Ward)

File No.....

Registered No..... 12216

2. FULL NAME

HENRY HEINECK

(a) Residence, No..... 4240 N. FLORISSANT St., 20 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 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 HUSBAND OF CHRISTINE HEINECK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BLACKSMITH

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) Oct. 7, 1936
11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HESSENDARMSTEDT GERMANY

13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN GERMANY

15. MAIDEN NAME ELIZABETH FEHL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN GERMANY

17. INFORMANT MRS. CHRISTINE HEINECK (ADDRESS) 4240 N. FLORISSANT

18. BURIAL, CREMATION, OR REMOVAL PLACE *Residence Cemetery* DATE DEC. 14, 1936

19. UNDERTAKER *Quedmeyer & Sons Inc.* (ADDRESS) 3934 W. 120 St.

20. FILED DEC 12 1936 *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1936 to Dec 11, 1936

I last saw him alive on Dec 10, 1936 Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Senile Hypertrophy Prostate

Name of operation *Cystoroplasty* Date of 10/9/36

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? *no* 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) *H. J. Nicholson M.D.*

(Address) *3611 N. 40th St.*

St. Louis MO

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.

