

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

FEB 8 1937

791

4119
1162

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.....
Primary Registration District No.....
(No. 4823 Carter Avenue)

File No.....
Registered No.....
St. Ward)

2. FULL NAME

GEORGE HEINEMANN

(a) Residence, No. 4823 Carter Avenue St. 1 Ward. 1
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23rd, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Heinemann (Wagner)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1936, to Jan 23rd, 1937.
I last saw him alive on Jan 2nd, 1937. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
91 2 6

Bronchial Pneumonia Date of onset 1/10/37

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 26th

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
La Grippe
Senile Arterial Sclerosis (2 months)

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

13. NAME George Heinemann

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

15. MAIDEN NAME Not Known

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

17. INFORMANT George J. Heinemann
(ADDRESS) 4823 Carter Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Jan. 26, 1937

19. UNDERTAKER Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED JAN 26 1937 J. Bredeck
Registrar.

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

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) Alfred H. Toeger, M. D.
(Address) 4244 W. Pleasant

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.

