APR 27 1937

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

Do not use this space. 1

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No. 13489
Township — Primary Registration District No. 6088 — Registered No. 118
City Clayton (No. 801 De Mun St. Ward)

2. FULL NAME Richard W Heintze
(a) Residence, No. 801 De Mun 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: Anna Heintze

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 11 1869

7. AGE: Years 67 — Months 4 — Days 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Professor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Concordia Seminary
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): Berlin Germany

FATHER
13. NAME: Carl Heintze
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Emma Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Anna Heintze 801 De Mun Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Concordia Cemetery Mar 25 1937

19. UNDERTAKER (ADDRESS): Beiderwieden Funeral Home Inc 1936 St Louis Ave

20. FILED 3/23, 1937 Dra J Figionelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 22 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Mch 22, 1937
I last saw h. alive on Mch 22, 1937. Death is said to have occurred on the date stated above, at 2:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral softening due to thrombosis.	Nov 1936

Other contributory causes of importance: Arterio-sclerosis

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

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) Leland B. Alford, M. D.
(Address) Beaumont Bldg.

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.