

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

39294
Do not use this space.

DEC 13 1937

791
1003

Registered No. 10281

1. PLACE OF DEATH
(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura J. Heinecke
(a) Residence, No. 4140 Hartford St. St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Walter F. Heinecke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 0 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

FATHER 13. NAME August H. Brueggemann

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

MOTHER 15. MAIDEN NAME Elizabeth Barth

16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

17. INFORMANT Walter F. Heinecke
(ADDRESS) 4140 Hartford St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Churchward 11-5 1937

19. FUNERAL DIRECTOR Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. SIGNED JT Bredeck Local Registrar.
NOV 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937, to Nov 3, 1937
I last saw her alive on Nov 3, 1937 Death is said to have occurred on the date stated above, at 4:10 A.M.
The principal cause of death and related causes of importance were as follows:

1) General Inflammation non malignant
2) Softening temporal lobe Brain
3) Mild cerebral arteriosclerosis + edema of Brain
4) Chronic Passive Meningitis

Other contributory causes of importance: 54d

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?..... 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) A. F. Play M. D.
(Address) 3150 Morganford Rd

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)