

REC'D JUN 7 1938

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

19472

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Cardinal Primary Registration District No. 200 Registered No. 862
 (c) City Cardinal (d) Street No. 4834 Heidelberg 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 Julius Heinsohn 525

(a) Residence, No. 4834 Heidelberg St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 15

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

12. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Germany

13. NAME Kaspar
 14. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Germany

17. INFORMANT Mary Heinsohn
 (ADDRESS) 4834 Heidelberg

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Troy, Mo. DATE May 17, 1938

19. FUNERAL DIRECTOR John L. Ziegenhein & Sons
 (ADDRESS) 7027 Gravois

20. FILED 5-16 1938 J. R. Meyer, M.D., P.
 (Special Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 10:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis
930

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Med. History 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) John O'Connell, Jr., M. D.
 (Address) James S. Jones County

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

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.)