

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

23316
Do not use this space.

791
1003

Registered No. **6010**

REC'D AUG 12 1938

1. PLACE OF DEATH

(a) County Registration District No.

(b) Township Primary Registration District No.

(c) City St. Louis (d) Street No. 3131 a Meramec St. 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 Marie H. Heinemann ⁵⁵⁵

(a) Residence, No. 3131 a Meramec St. St. 15 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	4	26	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work

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
6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER 13. NAME Frank Blittschau 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Henrietta Hartung

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

17. INFORMANT (ADDRESS) Albartine Heinemann
4682 Tennessee

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE July 7 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. Schumacher
3013 Meramec St.

20. FILED JUL 5 1938 J. F. Brudiek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to July 5, 1938.
I last saw him alive on July 3, 1938. Death is said to have occurred on the date stated above, at 12:40 A.M.
The principal cause of death and related causes of importance were as follows:
Nephritis, Chronic parenchymatous
malacia
181
Other contributory causes of importance:
myocarditis
arterio-sclerosis
Semilethal

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 F. S. Perraud, M. D.
(Signed) F. S. Perraud
(Address) 3115 So Grand

I. X12004
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. WHILE PLAINLY, WITH UNFADING INK, THIS IS A PERMANENT RECORD

3/1/5 - J. Strawn (Blood)

STATEMENT BY LICENSED EMBALMER

I, Fred W. Wettig, Licensed Embalmer No. 1534

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Fred W. Wettig

Licensed Embalmer No. 1534

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.)