

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

Do not use this space.

REC'D OCT 19 1938

31918

1. PLACE OF DEATH

County Carroll Registration District No. 133
Township Leslie Primary Registration District No. 5185
City Enon (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME Fred Heinlein

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Heinlein

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Sept 20, 1938

I last saw h. in _____ alive on Sept 20, 1938. Death is said to have occurred on the date stated above, at 7:00 A.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1866

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 5 11

Cerebral Hemorrhage Date of onset 7-15-38

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

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

10. Date deceased last worked at this occupation (month and year) Sept 17, 38 11. Total time (years) spent in this occupation 60

Other contributory causes of importance:
arterial Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

13. NAME Fred Heinlein

Chronic Interstitial Nephritis

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Unknown

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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs Fred Heinlein Dawn, Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Enon DATE 9/23/38

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

19. UNDERTAKER W. H. Meni (ADDRESS) Traymer, Mo.

(Signed) Dr. John R. Crank
(Address) Traymer, Mo.

20. FILED 4-27 1938 Jamie Henderson Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10/12/38