

NOV 16 1938

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

34338  
Do not use this space.  
9324

1. PLACE OF DEATH

(a) County..... 2. Registration District No. 1003  
(b) Township..... Primary Registration District No.  
(c) City..... St. Louis, Mo. (d) Street No. 3704 W. Pine St.  
(e) Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Boyd Frederick Heinecke

(a) Residence, No. 3704 W. Pine Blvd. St. [19] (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12/1902		
7. AGE YEARS 36	MONTHS 0	DAYS 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Filling Station		
9. Industry or business in which work was done, as saw mill, bank, etc. Attendant		
10. Date deceased last worked at this occupation (month and year) Oct. 24/1938		11. Total time (years) spent in this occupation 15 yrs.
12. BIRTHPLACE (CITY OR TOWN) Troy, Illinois		
13. NAME Edward Heinecke		
14. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri		
15. MAIDEN NAME Bertha Murphy		
16. BIRTHPLACE (CITY OR TOWN) East St. Louis, Illinois		
17. INFORMANT James Heinecke (ADDRESS) East St. Louis, Illinois		
18. BURIAL, CREMATION, OR REMOVAL East St. Louis, Ill. PLACE Mount Hope, Cem. DATE Oct. 29/1938		
19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc. (ADDRESS) 4700 Washington Blvd.		
20. FILED OCT 27 1938 J. J. Predeck Local Registrar		

NO OTHER CERTIFICATE OF DEATH ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24/1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 8:36 A.M.

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

Chronic Endocarditis;  
Oedema of Brain;

Other contributory causes of importance:

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..... (Signed) J. J. Predeck M.D.

(Address) Deputy Coroner St. Louis, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Albert W. Happe*

Licensed Embalmer No.

*1861*

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**