

REC'D MAR 13 1939

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

791
1003

4656

Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No. **1349**
(c) or City **St. Louis** (d) Street No. **Park Lane Memorial 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 ⁵⁶² Edward E. Heinrich Sr

- (a) Residence, No. **2641 Lynhurst Ave St. Louis Co. Mo.** (Usual place of abode, if no street address, write county or city) **NR.** (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Heinrich		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 22 D 1865		
7. AGE YEARS 63 --	MONTHS 4 --	DAYS 19 --
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer		
9. Industry or business in which work was done, as saw mill, bank, etc. Heil Packing Co		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo		
13. NAME Hery Heinrich		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Not Known		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT Edward E. Heinrich (ADDRESS) 2641 Lynhurst Ave St. Louis Co		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb 13 Th, 39		
19. FUNERAL DIRECTOR (NAME) Edward Wolf (ADDRESS) 3516 N 64th		
20. FILED FEB 11 1939 J. F. Prudek Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 10**, 19**39**
22. I HEREBY CERTIFY, That I attended deceased from **Feb 5**, 19**39**, to **Feb 10**, 19**39**
I last saw him... alive on **Feb 10**, 19**39**. Death is said to have occurred on the date stated above, at **6:50 A. M.**
The principal cause of death and related causes of importance were as follows:

Peritonitis

Date of onset

5 1/2

Other contributory causes of importance:

Ruptured appendixName of operation **Appendix & large** of **Feb 6, 1939**

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?

If so, specify.....

(Signed) **J. F. Prudek**, M. D.(Address) **4930 Lindell Blvd., St. Louis, Mo.**

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..... *B. W. Finn*

Licensed Embalmer No. *1591*

P. O. Address *4106² Bolone*

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

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