

REC'D JUN 12 1939

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

16567  
Do not use this space.

791  
1003

Registered No. 4101

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City..... St. Louis (d) Street No. 3641 Juniata 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 550 Dora Heinen

(a) Residence, No. 3641 Juniata St. 16 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>78</u>	<u>3</u>	<u>22</u>	

OCCUPATION

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

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) (STATE OR COUNTRY) Cincinnati, Ohio

FATHER

13. NAME Jacob Heinen

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

MOTHER

15. MAIDEN NAME Wilhelmina Heckman

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

17. INFORMANT (ADDRESS) Edward. F. Suhre  
3641 Juniata

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Valhalla Cem. DATE May 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle  
2331 S. Broadway

20. FILED MAY 3 1939 J. B. Brudick  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1939 to May 3, 1939  
 I last saw her alive on May 3, 1939. Death is said to have occurred on the date stated above, at 3:40 a. m.  
 The principal cause of death and related causes of importance were as follows:  
chronic myocarditis  
coronary occlusion  
 Date of onset

Other contributory causes of importance:

Name of operation none Date of no

What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none 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 none

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) J. H. Drayton, M. D.  
 (Address) 3606 Bradford Ave.

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.....

*Frank J. Myland Sr.*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Frank J. Myland Sr.*

Licensed Embalmer No.....

*2645*

P. O. Address.....

*Shaw's Me*

**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.**