

K. 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.

L 10 1939

AUG 7

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

26754
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Clayton Primary Registration District No. 101 Registered No. 1241
(c) City Clayton or (d) Street No. St. Louis County 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

Arthur Heineman
(a) Residence, No. Jefferson & Boyd, Valley Park, Mo. (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 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 Sarah Heineman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1887
7. AGE YEARS 52 MONTHS 4 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
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) Ill.

FATHER 13. NAME John Heineman

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

MOTHER 15. MAIDEN NAME Mary Redson

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

17. INFORMANT, wife, Sarah Heineman (ADDRESS) Jefferson & Boyd, Valley Pk. Mo.

18. BURIAL, CREMATION, OR REMOVAL No cemetery PLACE Manchester, Mo. DATE July 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. R. Meyer, 1111 Locust, St. Louis, Mo.

20. FILED JUL 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9-39 19
22. I HEREBY CERTIFY, That I attended deceased from 5-21-39 to 7-9-39, 19
I last saw him alive on 7-9-39, 19. Death is said to have occurred on the date stated above, at 5:00 A. M.
The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease
Myocardial Insufficiency
Compensated

Date of onset 1935
4/10/39

Other contributory causes of importance:

93d 1

Name of operation Date of...
What test confirmed diagnosis? Was there an autopsy? No

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) James David M. D.
(Address) St. Louis County Hospital

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.....

Theo Schrader

Licensed Embalmer No.....

3066

P. O. Address.....

Ballwin, Mo

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.