

JUL 17 1940
Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME Albert C. Heintz 532

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora Heintz nee Erbe 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased December 24, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 27 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Mercantile Bank

12. Name Christian Heintz

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Willie

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora Heintz

(b) Address 5447 Queens Ave

17. (a) Burial (b) Date thereof 6/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 21 1940 (b) J. F. Bredeck
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 5447 Queens Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
year 1940 hour 2:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from May 11, 1940
_____ 19____, to June 20, 1940

that I last saw him alive on June 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus Chronic

Other conditions Senility, Arterio sclerosis, Myocardial degeneration

Major findings: _____
Of operations _____

Due to _____

Due to _____

Other conditions _____

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dwight J. Lewis (M. D. or other) _____
Address 4660 Maryland Date signed 6-20-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

AD 100

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, 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.