

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 33826Registration District No. 791Primary Registration District No. 1003Registrar's No. 8527

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: ENROUTE City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Richard Julius Heinichen
(b) If veteran, No (c) Social Security No
4 years peacetime service 491-16-4863
name war navy

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Elga Kuhn Heinichen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 27 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Leather

MOTHER FATHER { 12. Name Albert Heinichen
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Presdorf
(City, town, or county) (State or foreign country)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith Schuchardt
(b) Address 5420 Dewey Ave
17. (a) Burial (b) Date thereof 10-16-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. Jefferson Barracks
(Specify type of place)
18. (a) Signature of funeral director Harry L. Heistmann
(b) Address 6203 Gravois Ave

19. (a) OCT 15 1940 (b) J. F. Budich
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 25T
(If outside city or town limits, write "RURAL")
(d) Street No. 1510 Market Str.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13th
year 1940 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis with eccentric cardiac Hypertrophy
Due to Contrib: Malignant Nephrosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

(Specify type of place)
While at work _____ Means of injury _____
23. Signature Edith Schuchardt (M. D. or other) _____
Address 5420 Dewey Ave Date signed 9/14/40

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..... *Guy W. Wilkison*

Licensed Embalmer No..... *3575*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

33826-40

State of Missouri
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8523

On this 1 day of May, 1945, before me appears Helda Schuchardt, who, upon her oath, states that the original record of birth death for Richard Julius Heinich, born October 12, 1940, in the State of Missouri, and which was filed at St. Louis on 15 Oct 41, 1941, should be corrected as follows:

Item No. 6. B. should read Olga Kuhn - (Heinich)

Instead of Agnes Hochmann

Item No. _____ should read OLGA KUHN

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Helda Schuchardt Relationship Sister

Present Address.

Subscribed and sworn to before me this 1 day of May, 1945.

My Commission expires July 18, 1945 Henry Rudemuller Notary Public.

5-33826