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APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9183
State File No. 1003
Registrar's No. 2593

Registration District No. 791 Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis.

(c) Name of hospital or institution:
4284a Clarence Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Mr. George H. Heining

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Mary Heining. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 22 1854.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 1 0 hr. min.

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

10. Usual occupation Unemployed.

11. Industry or business _____

12. Name Unknown.

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

14. Maiden name Unknown.

15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Uthoff.

(b) Address 4284a Clarence Ave.

17. (a) Burial (b) Date thereof 3-24-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAR 23 1941 (b) J. W. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 4284a Clarence Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March. day 22
year 1941 hour 11 minute 20 A. - M.

21. I hereby certify that I attended the deceased from Feb. 10th 1941, to March 22 1941, that I last saw him alive on March 22 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis.

Due to Arteriosclerosis.

Due to Smility

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

Major findings: Of operations _____

Of autopsy not made

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 Frank J. V. [unclear] (M. D. or other) _____
Address 3500 N. Grand Date signed 3-23-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. *1674*

P. O. Address *7723 Solheim Dr*

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, fact should be so stated above.