

FILED OCT 18 1941

791

Primary Registration District No. 1003

Registrar's No. 7836

Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo
(If outside city or town limits, give "RURAL" and name of township)
 (c) Name of hospital or institution:
3430 Pestalozzi St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry B. Heinsius

3. (b) If veteran, name war _____
 3. (c) Social Security number 491-16-8107

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Agusta
 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased April 30 1868
(Month) (Day) (Year)

8. AGE:	Years <u>73</u>	Months <u>4</u>	Days <u>30</u>	If less than one day hr. _____ min. _____
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9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Germany
(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 Irwin Heinsius

(b) Address 3430 Pestalozzi Ave

17. (a) Burial (b) Date thereof 10-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director [Signature]

(b) Address 3634 Gravois Ave

19. (a) SEP 30 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
 (a) State _____ (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3430 Pestalozzi Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
 year 1941 hour 7:10 minute A. - M.

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

Immediate cause of death Coronary Sclerosis
Arterio Sclerosis

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

Major findings:
 Of operations [Signature]
 Of autopsy [Signature]

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 [Signature]

23. Signature [Signature] (M. D. or other) _____
 Address [Signature] Date signed 9/20/41

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

R

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 Robert Wheeler
Licensed Embalmer No. 2128
P. O. Address St. Louis

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.