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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33331 8286

Primary Registration District No. 1003

Registrar's No.

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:
3421 Halliday Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 79 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9 16

(a) State Missouri (b) County

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

(d) Street No. 3421 Halliday Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MR. MARTIN T. HEINICKE

3. (b) If veteran, name war *** 3. (c) Social Security No. ---

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Mrs. Magdalena Heinicke 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 17, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Lithographer

11. Industry or business Lithographing Company

FATHER
12. Name Adolph Heinicke
13. Birthplace Saxony (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Fredericka Steinbach
15. Birthplace Saxony (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Magdalena Heinicke
(b) Address 3421 Halliday Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) OCT 18 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th
year 1941 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 10th, 1941, to Oct. 15 - 1941;
that I last saw him alive on Oct. 15 - 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to Chronic Myocarditis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	
Major findings: Of operations	
Of autopsy 93c	

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other) UWD
Address 3548 S. Grand Date signed 10/16/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. C. Weinberg
3548 S. Grand

2-4
7-8:30

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. 3737

P. O. Address 1936 St. Louis A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.