S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 731

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4444

Registrar's No. 1217

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 680

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3421 Halliday 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS. MAGDALENA HEINICKE

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

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

6. (b) Name of husband or wife Martin T. Heinicke 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 29, (Day) 1864 (Year)

8. AGE: Years 77 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Trenton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Beckert
13. Birthplace Saxony (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Magdalena Ruch
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Mr. Ralph Heinicke
(b) Address 3421 Halliday

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. 6, 1942 (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) FEB 9 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th year 1942 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan. 28 1942 to Feb. 6 1942 that I last saw her alive on Feb. 6 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	9 days
Due to Essential Hypertension	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature [signature] (M. D. or other) Wo
Address 3548 S. Grove Date signed 2/6/42

844

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. C. Weinsho
3548 S. Grand

2 - 3:30

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis Ave

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.