U. S. No. 2
M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942 791

Registration District No. .....

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19640

Registrar's No. 5537

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

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:
Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County .....

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

(d) Street No. 3133 Shenandoah
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME Jacob E. Heineman

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

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased December (Month) 9 (Day) 1859 (Year)

8. AGE: Years 82 Months 6 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country) 1

10. Usual occupation Retired Printer

11. Industry or business .....

FATHER
12. Name Henry Heineman
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary Beckmann
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Eugene Heineman
(b) Address 411 Carrswold Dr. Clayton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec

19. (a) JUN 29 1942 (Date received local registrar) (b) J. J. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/27 day .....
year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 6/21, 1942, to 6/27, 1942;
that I last saw ~~him~~ alive on 6/27, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ch. nephritis / Ch. myocarditis	
Due to:	
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? 0
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature R Berg (M. D. ~~or other~~)
Address 2253 Nebraska Date signed 6/28/42

(Licensed Embalmer's Statement on Reverse Side)

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

George N. Archambault, Registered Apprentice No. XXXXXXXX

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.