No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20958

FILED JUL 17 1942

Registration District No. 2213 Primary Registration District No. 3014 Registrar's No. 175

26 5 4

1. PLACE OF DEATH:
(a) County COLE
(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 712 E. HIGH STREET
(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 LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COLE
(c) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 712 E. HIGH STREET
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CHARLES PRATT HEINRICHS
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMA M. HEINRICHS
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased DECEMBER 16, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	6	23	hr. min.

9. Birthplace JEFFERSON CITY, MISSOURI. 0 (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED FUNERAL DIRECTOR
11. Industry or business
MOTHER FATHER
12. Name JOHN F. HEINRICHS
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)
14. Maiden name MILDRED FRANCES BLAIR
15. Birthplace BOONVILLE, MISSOURI 0 (City, town, or county) (State or foreign country)
16. (a) Informant MRS. EMMA M. HEINRICHS
(b) Address JEFFERSON CITY, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/10/42. (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEMETERY
18. (a) Signature of funeral director Sylvester Dulle
(b) Address JEFFERSON CITY, MO.
19. (a) 7-13-42 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8 year 1942 hour 2 minute 45 A. M.
21. I hereby certify that I attended the deceased from 7-7, 1942 to 7-8, 1942 that I last saw ~~him~~ alive on 7-8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Endocarditis	8 days
Due to 92d	
Due to	
Other conditions Edema & Ascites (Include pregnancy within 3 months of death)	
Major findings: Hypostatic Congestion of Lungs	
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature F. W. Goldhamer (M. D. or other)
Address Jefferson City Mo. Date signed 7-9-42.

014 (Licensed Embalmer's Statement on Reverse Side)

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

JUL 17 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed [redacted], or by Sylvester H. Dulle, Registered Apprentice No. 292 working under my personal supervision.

Signed Wm H Waggoner

Licensed Embalmer No. 3303

P. O. Address Jefferson City, Mo

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.