

S. No. 2
BOM-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32030

State File No.

FILED OCT 21 1942
318

Primary Registration District No. 1003

Registrar's No. 8441

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 10 Day
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No..... 4720 Northland Ave. (If rural, give location) 96
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Charles Heinecke
3. (b) If veteran, name war..... No.
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 9,
year 1942 hour 9:40 minute A. M.
21. I hereby certify that I attended the deceased from August
31, 1942, to October 9, 19 42
that I last saw him alive on October 9, 19 42
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced Divorced
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Immediate cause of death.....
cirrhosis of the liver
tuberculous enteritis
Due to..... pulmonary tuberculosis
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

7. Birth date of deceased..... January 12, 1877
(Month) (Day) (Year)

Major findings:
Of operations.....
Of autopsy..... as above

8. AGE: Years Months Days If less than one day
65 8 27 hr. min.

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

10. Usual occupation..... Unemployed

11. Industry or business.....

12. Name..... Fred Heinecke

13. Birthplace..... Germany
(City, town, or county) (State or foreign country)

14. Maiden name..... Helen Nestlebusch

15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Ida Costello
(b) Address..... 4720 Northland Ave.

17. (a) Burial (b) Date thereof..... Oct. 12, 1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Lake Charles Cemetery.

18. (a) Signature of funeral director..... Calvin F. Feutz Funeral Home
(b) Address..... 4828 Natural Bridge.

19. (a) OCT 12 1942 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....

23. Signature..... Don Peterson (M. D. or other)
Address..... 1515 Lafayette Avenue, Date signed..... 10/9/42

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

MOTHER FATHER

Duration
Underline the cause to which death should be charged statistically.

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.....

John A. Melina....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
John A. Melina

Licensed Embalmer No. *4186*

P. O. Address.....
St. Louis 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.