S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35459

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9769

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: BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 935
(If outside city or town limits, write "RURAL")

(d) Street No. Y.M.C.A. 18th Locust
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Heine

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Jane McCarthy Heine

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

7. Birth date of deceased ~~Jan~~ 11-1872 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	70	10	11	hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business Newspaper Supplies.

FATHER
12. Name Joseph Heine.
13. Birthplace unknown (City, town, or county) Holland 4 (State or foreign country)

MOTHER
14. Maiden name unknown Schnilches.
15. Birthplace unknown (City, town, or county) Alsace Lorraine 6 (State or foreign country)

16. (a) Informant John T. Magner.
(b) Address 2440 Louis, Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar, Blvd.,

19. (a) NOV 23 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-21, 1942, to 11-21, 1942
that I last saw him alive on 11-21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death (Acute) Cardiac failure

Due to Rupture of myocardium

Due to myocardial Infarct

Other conditions (Include pregnancy within 3 months of death) 93

Major findings:
Of operations

Of autopsy Rupture of myocardium c̄ hemopericardium.

Duration

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 FR Bradley (M. D. ~~or other~~)

Address BARNES HOSPITAL Date signed: 11/22/42

(Licensed Embalmer's Statement on Reverse Side)

AUG 19 1946

Embalmers Separate Certificate filed

NOV 23 1942

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.....

P. O. Address.....

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.