

FILED OCT 2 - 1943 317

Registration District No. _____

Primary Registration District No. 3063

Registrar's No. 2195

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 2 days
(Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood 096
(If outside city or town limits, write "RURAL")
(d) Street No. 332 Leffingwell Avenue 4
(If rural, give location) 3
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alexander F. Heinrich

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2-5-78
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	7	22	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Fredrick Heinrich 4

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

14. Maiden name Johanna Schaeffer

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Ethel Henry
(b) Address 4258 N. 19th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director A. Fran R. H. Co
(b) Address 2707 North Grand Blvd

19. (a) SEP 29 1943 (b) H. Mc Laren, M.D.
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27
year 43 hour 8:55 minute P M.

21. I hereby certify that I attended the deceased from 9-25-43
to 9-27-43, 19____, that I last saw him alive on 9-27-43, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 2 days

Due to Senility

Due to malnutrition

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature E. C. Mearns (M.D. or other) D
Address 417 S. 2nd St Date signed _____

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

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

96
2
3

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

Paul F. Knollenberg

Licensed Embalmer No. *2631*

P. O. Address *2707 N. Grand*

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.