

FILED MAR 1 1944
318

Registration District No. _____ Primary Registration District No. **100**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(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

3. (a) PRINT FULL NAME Alex J. Heinrich
3. (b) If veteran, name war No. **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Minnie Heinrich **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased April 21 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>66</u>	<u>9</u>	<u>28</u>	

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

10. Usual occupation Cigar Maker
11. Industry or business F. R. Rice & Co. Retired

12. Name Alex J. Heinrich
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Heinrich,
(b) Address 3941a Shaw Ave.

17. (a) Burial **(b) Date thereof** 1-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Walter Helder
(b) Address 3634 Gravois Ave.

19. (a) FEB 23 1944 **(b)** J. F. Bruesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3941a Shaw Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 20
year 1944 hour 4 minute 00 P. M.
21. I hereby certify that I attended the deceased from 3/26, 1943 to 2/20, 1944
that I last saw him alive on 2/20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum with Metastases
Due to _____
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 7/30/43 operated upon at St. Mary's Hospital. For advanced Cancer of rectum present
Of operations _____
Of cause _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Preston C. Hall (M. D. or other) MD
Address 3902a Lafayette Date signed 2/21/44

Duration 1 year
PHYSICIAN
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.....

....., 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.