

S. No. 2
M-5-43
5-17-39
I X36671

FILED APR 20 1944

Registration District No. **318** Primary Registration District No. **L 1003** Registrar's No. **3299**

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 Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town De Soto (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. # 3
(If rural, give location) **NR**
(e) Citizen of foreign country? no (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME HELENA CHRISTIANA HEINSOHN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife LORENZ HEINSOHN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 16 1851
(Month) (Day) (Year)

8. AGE: Years 92 Months 6 Days 23
If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name John Allers

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

14. Maiden name Heinsohn

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

16. (a) Informant Harry Heinsohn

(b) Address De Soto Rt. # 3

17. (a) Burial (b) Date thereof Apr. 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo.

18. (a) Signature of funeral director Samuel B. Detmold

(b) Address De Soto Mo.

19. (a) APR 10 1944 (Registrar's signature) J. P. Bredek
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1944 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right hip
Arteriosclerosis suffered when
Deceased fell from a chair
at her home in De Soto Mo
on Feb. 21-1944 at about 6 P.M.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 18/18

Major findings: Of operations 18

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) Accident 050

(b) Date of occurrence 2-21-44

(c) Where did injury occur? De Soto (City or town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) (or) Means of injury _____

23. Signature Walter Perry (M. D. or other) 3

Address De Soto Mo. Date signed 4/10/44

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

MOTHER FATHER

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 Samuel B. Dietrich

Licensed Embalmer No. 7104

P. O. Address Depto. No.

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.