

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 6563

Registration District No. 318

Primary Registration District No. 1003

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

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-25 days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3515 Ohio Ave.
(If rural, give location)

(e) Citizen of foreign country? XXX No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME PAULINE Heinemann

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1944 hour 7 minute 45 A. M.

4. Sex Female / Color or race White

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife.....

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

7. Birth date of deceased May 18 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 8th
1944 to July 23rd, 19 44

that I last saw her alive on July 23rd, 19 44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77	2	5	
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hr. min.

Immediate cause of death
Bronchopneumonia (Post operative)

Due to.....

Due to.....

Other conditions Pelvic abscess
(Include pregnancy within 3 months of death)

Duration 3 days(?)

20 days(?)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name Sebastian Burgert

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

14. Maiden name Anna Unk.

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

16. (a) Informant Louis Heinemann

(b) Address 3515 Ohio Ave.

17. (a) Burial (b) Date thereof 7/ 26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Ave.

19. (a) JUL 26 1944 (b) J. F. Bredeok
(Date received local registrar) (Registrar's signature)

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?.....

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Robert E. Holt, M.D.
Address 1515 Lafayette Date signed 7/24/44

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.

Signature *Howard Rowland, Sr.*

Licensed Embalmer No. *3114*

P. O. Address *4355 Washington*

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.