

FILED 00518 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 82617

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:
Dec. dead at City Hspt 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5065 Queens Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Louis H. Heinsius

3. (b) If veteran, name war No 3. (c) Social Security N 492-01-7410

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Clara Heinsius 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased March 13th 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Red Bud Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Leather Inspector

11. Industry or business International Shoe Co.

12. Name Louis Heinsius
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kaffenberger
15. Birthplace Columbia Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Heinsius (Sister)
(b) Address 5065 Queens

17. (a) Burial (b) Date thereof 9-26-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Son's
(b) Address 3934 North 20th street

19. (a) SEP 24 1945 (b) J. P. Medek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept day 22
year 1945 hour 11 minute 20 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Coronary Sclerosis
Due to _____
Due to 94
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Patrick E. Taylor (a) _____ (b) _____ (c) _____
Address _____ Date signed 9/24/46

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

20
17
9
521

708

[Faint handwritten notes]

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 *Ben E. Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *St Louis Mo*

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.