

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1720029

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **39260**

**FILED** JAN 5 10 16

Registration District No. **318** Primary Registration District No. \_\_\_\_\_ Registrar's No. **11139**

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(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-Max C. Stark Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
In this community 1 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3951a Folsom Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John N. Heinzelman  
3. (b) If veteran, name war No 3. (c) Social Security No. 489-07-3261  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary S 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Jan. 7 1881  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 20th  
year 1945 hour 12:50 minute A. A. M.  
21. I hereby certify that I attended the deceased from 12/20/45  
to 12/20/45, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
64 11 13 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death arteriosclerotic heart disease Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Cape Girardeau Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Dry Goods Stock Clerk

11. Industry or business \_\_\_\_\_  
12. Name Nicholas Heinzelman  
13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Mary Roth  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
*[Signature]*

16. (a) Informant Mary S. Heinzelman  
(b) Address 3951a Folsom Ave.  
17. (a) Burial (b) Date thereof 12-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Johns Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) DEC 20 1945 J. F. Bredack  
(Date received local registrar) (Registrar's signature)

Which at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_  
23. Signature Herbert C. Gritz 12/20/45  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

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**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

*John Agnoski*

Licensed Embalmer No. *3398*

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.**