

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

FILED FEB 7 1946
318

Registration District No. **318** Primary Registration District No. **1003**

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: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Heinemann, Martin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 18 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>1</u>	<u>31</u>	_____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business Retired 10 Yrs

MOTHER FATHER

12. Name Henry Heinemann

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

14. Maiden name unknown

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

17. (a) Burial Removal Date thereof 1 31 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation Walnut Hill Cemt

18. (a) Signature of funeral director or K. P. Edgshouser Belleville, Ill.
(City, town, or county) (State or foreign country)

(b) Address 4228 So. Kingshighway

19. (a) JAN 28 1946 J. F. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 6443 Marquette
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1946 hour _____ minute 12:10 P.M.

21. I hereby certify that I attended the deceased from July 2, 1945 to Jan. 27, 1946, 19____; that I last saw him alive on 1-27-46, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hypertensive heart disease 1944 pl.

Due to _____

Hemiplegia 1944 pl.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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) _____

(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? _____

23. Signature Palma Prunier Bowlish (M. D. 0)
Address 5820 Arsenal Date signed 1-27-46

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

2587

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..... *Elvira D Mc Dermott*

..... Licensed Embalmer No. *3024*

..... 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.