

STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

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. 3535 Page Blvd.
 (If rural, give location) _____
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME THEODORE HEINE
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
 year 1946 hour 2:50 minute A M.
 21. I hereby certify that I attended the deceased from 1/15/46
 _____, 19____, to 2/9/46, 19____;
 that I last saw h im alive on 2/9/46, 19____,
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 7. Birth date of deceased Dec. 12th, 1865
 (Month) (Day) (Year)

Immediate cause of death Bilateral nephrosclerosis Duration _____

8. AGE: Years Months Days If less than one day
80 1 27 hr. min.

Due to _____
 Due to 51
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace Houston Texas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Major findings: Of operations Carcinoma of prostate
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 11. Industry or business _____
 12. Name Theodore Heine Sr.
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Marie Gerhard
 15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 16. (a) Informant Carl Heine
 (b) Address Wentzville Mo
 17. (a) Burial (b) Date thereof Feb. 11/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lake Charles Cem
 18. (a) Signature of funeral director Jos. W. Clark
 (b) Address 1125 Hodiamont Ave
 19. (a) FEB 10 1946 (b) J. A. Bredech
 (Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____
 23. Signature A. Lae Hermit 2/9/46 other _____
 Address _____ Date signed MD

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

opp.
K/17
9
0

No of owl
50 N.A.E.
S.E. corner of lot

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 Alfred J. Brodeur
Licensed Embalmer No. 2663

P. O. Address 1125. Hodiament. ave.,

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.