

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10963

State File No.

2959

FILED MAR 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pronounced dead at City Hospital, 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 _____
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. 1911 Cherokee St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julius Heinicke,
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male, ♂ 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Julia Heinicke, 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 28, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cabinet Maker

11. Industry or business F. D. Gardner Co.

12. Name Don't Know, 7

13. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Schneider,

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

16. (a) Informant George W. Moesing,

(b) Address 4305 Margaretta,

17. (a) Burial, (b) Date thereof 3/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Merame cSt.,

19. (a) MAR 20 1947 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1947 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to _____
Due to 108
Other conditions (Include pregnancy within 3 months of death) _____

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?

While at work _____ (Specify type of place) (a) Means of injury _____
23. Signature Arthur E. [unclear] (b) Date signed 3/20/47
Address _____

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Loren E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.