. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15163

FILED MAY 14 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1516

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-00
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1017
(d) Street No. 3908 Lexington Ave. (If rural, give location) 9 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Charles Emil Heinemann
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Rosie Heinemann
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased May (Month) 21st (Day) 1873 (Year)
8. AGE: Years 73 Months 11 Days 10 If less than one day hr. min.
9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Meat Cutter
11. Industry or business
FATHER 12. Name William Heinemann
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Rosie Heinemann
(b) Address 3908 Lexington Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) MAY 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 1st year 1947 hour 11:00 AM minute M.
21. I hereby certify that I attended the deceased from 4.22 1947 to 5.1 1947; that I last saw him alive on 5.1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Sclerosis	
Heart disease	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? 0
While at work (Specify type of place) (e) Means of injury
23. Signature Chas Just (M. D. or other) MD
Address 3500 K. Grand Date signed 5-2-49

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis 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.