S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15165

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4332

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: 3221 Oak Hill Ave., Holy Family Roman Catholic Church (If not in hospital or institution, write street number or location) 3

(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") 16 17

(d) Street No. 3955 Fairview Ave., (If rural, give location) 9

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Amelia Heinzer,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female, 1

5. Color or race White,

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Robert

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

7. Birth date of deceased November (Month) 27, (Day) 1881 (Year)

8. AGE: Years 65 Months 5 Days -0- If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country) 0

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Henry Engelmann,
13. Birthplace (City, town, or county) Germany, (State or foreign country) 4

MOTHER
14. Maiden name Elsie Rohe,
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country) 1

16. (a) Informant Alfred W. Heinzer,

(b) Address 5628 Pernod Ave.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 4/30/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

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

(b) Address 2842 Meramec St.,

19. (a) APR 28 1947 (Date received local registrar) J. F. Brenek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1947 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan- 24- 1943 to April 27 1947 that I last saw her alive on April- 25 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY DISEASE	3 mos.
Due to Chronic Myocarditis & Hypertension	4½ yrs
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) NO —

(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) 0

While at work? (e) Means of injury

23. Signature Roman J. Stranz (M. D. or other) M.D.

Address 4500 Virginia Date signed 4-28-47

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

Signed. Loron 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.