

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

0. 2
45
39
47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19636 ✓
Registrar's No. 1076

Registration District No. 31 Primary Registration District No. 2002

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7037 Plymouth Ave. 1
(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)

3. (a) PRINT FULL NAME Myrtle Dorothy Heinze,
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. Heinze, Sr. 7/12/23
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased April 12, 1902
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 2
If less than one day hr. min.

9. Birthplace Maplewood, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER

12. Name Clifton Ezra Jones, 0

13. Birthplace Crawford Co., Mo. (City, town, or county) (State or foreign country)

14. Maiden name Emma Boehme, 4

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

16. (a) Informant Wm. Heinze, Sr.,

(b) Address 7037 Plymouth Ave.,

17. (a) Burial (b) Date thereof 5/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc.

(b) Address Clayton Rd. at Concordia Lane

19. (a) 5-19-47 (b) Cecil A. Shapton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town University City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 7037 Plymouth Ave. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1947 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from
APRIL 21, 1947, to May 14, 1947,
that I last saw her alive on May 13, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death
CEREBRAL HEMORRHAGE 6 days

Due to ESSENTIAL HYPERTENSION 2 yrs.
& MYOCARDIAL FAILURE

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: No operation
Of operations
Of autopsy: No autopsy

Duration

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?

(Specify type of place) While at work? (c) Means of injury

Signature S. E. Paul (M. D. 1909)

Address 2573 Woodson Rd., Date signed 5/14/47

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.