V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26301

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 1546

96
3
5

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

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: 6306 Olive St. Road
(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 St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6303 Olive St. Road 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Martin W. Heinz
3. (b) If veteran, name war No
3. (c) Social Security No. ?
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edith Heinz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 19 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
63	11	28	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 9
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name ? Heinz
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Otto W. Heinz
(b) Address 6814 Corbitt Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Ev. Cem.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) 7-19-47 (Date received local registrar) (b) Paul A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1947 hour 7 minute 45 P M.
21. I hereby certify that I attended the deceased from 5/31/47, 19 , to July 17, 1947
that I last saw him alive on July 19, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio Vascular Diseases.	2 months
Due to Arterio Sclerosis.	?
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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? (e) Means of injury 0
23. Signature Theodore Greiner (M. D. or other)
Address 4500 Olive Date signed 7-18-47
7/18/47

(Licensed Embalmer's Statement on Reverse Side)

NOV 12 1947

Dr. Theo. Greiner
4500 Olive Street

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 Jos. W. Clark

Licensed Embalmer No. 1661

P. O. Address 1125 Holiomont

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.