No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35822

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9770

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

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community ? years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2920 N. Newstead Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sophia Helena Heinecke

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 Widowed 2

6. (b) Name of husband or wife William Heinecke

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

7. Birth date of deceased November 17, 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	11	33	hr. min.

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

10. Usual occupation Housework

11. Industry or business

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

MOTHER
14. Maiden name Elizabeth Dumbach
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin C. Heinecke
(b) Address Collinsville, Illinois.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/22/47.
(Month) (Day) (Year)
(c) Place: burial or cremation New Athems, Illinois.

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) OCT 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th
year 1947 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from 1-15-47, 19 to 10-20-47, 19
that I last saw her alive on 10-20-47, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary embolus	24 hrs
Due to: Chronic hypotension	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death) 94	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. H. Bowden (M. D. or other) M.D.

Address 634 N. Grand Date signed Fr 11 77

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 A. Mleman

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.