

No. 2  
-1/47  
-17-39

39745

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 22 1947 318  
Registration District No. ....

Primary Registration District No. .... 1003

Registrar's No. .... 10229

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

(d) Length of stay: In hospital or institution..... 3 weeks 2 days  
(Specify which?)

In this community..... about 20 Yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000

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

(d) Street No. .... 2317 N. Market St.  
20  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Fred Heine.

3. (b) If veteran, name war..... no

3. (c) Social Security No. .... 488-10-9105

4. Sex..... Male 5. Color or race..... white

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Margaret Heine.

6. (c) Age of husband or wife if alive..... 36 years

7. Birth date of deceased..... 4 20 1913  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>6</u>	<u>15</u>	.....hr.....min.

9. Birthplace..... unknown ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Supt. Oil Refinery

11. Industry or business.....

12. Name..... Joseph Heine

13. Birthplace..... Madoc ILL.  
(City, town, or county) (State or foreign country)

14. Maiden name..... Mary Krien

15. Birthplace..... Seigl ILL.  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Margaret Heine.

(b) Address..... 2317 N. Market St.

17. (a) Burial (b) Date thereof..... 11-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Goodhart & Goodhart

(b) Address..... 2228 St. Louis Ave.

19. (a) NOV 7 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 11 day..... 5  
year..... 1947 hour..... 2 minute..... 30 a. M.

21. I hereby certify that I attended the deceased from..... 10-8 1947 to..... 11-5 1947  
that I last saw him..... alive on..... 11-4 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Pneumonia

Duration..... 8 Md.

Adenocarcinoma of Lungs

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... Cavity right upper lung  
etiology not determined to date

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..... A. J. Steiner (M. D. or other) MD

Address..... 622 Missouri Bldg. Date signed..... 11-6-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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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.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

*St. Louis*

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.