FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21695

Registrar's No. 1663

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: DesPeres, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozark Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: 900
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 5059 Page 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: Rebecca Heinz
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 7
6. (b) Name of husband or wife: Bruno Heinz
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: Nov (Month) 22 (Day) 1875 (Year)
8. AGE: Years 72 Months 7 Days 12 If less than one day ..... hr. ..... min.
9. Birthplace: Allegheny City (City, town, or county) Pa (State or foreign country) 1
10. Usual occupation: Housewife
11. Industry or business: .....
MOTHER FATHER
12. Name: John Hesner
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
14. Maiden name: Louisa Schwanbacher
15. Birthplace: Pennsylvania (City, town, or county) (State or foreign country) 1
16. (a) Informant: John Davis
(b) Address: 5059 Page
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olive Ill
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) 7-5-48 (Date received local registrar) (b) Earl A. Kirk MD (Registrar's signature) Vital Sta

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1948 hour 10.30 minute P.M.
21. I hereby certify that I attended the deceased from March 16th, 1948, to July 4, 1948, that I last saw her alive on July 3, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Chronic Myocarditis
Due to: 93d
Due to: .....
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
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: R. M. Jansen (M.D. or coroner)
Address: Marchester, Mo. Date signed: 7/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Gustav W Deutsch

Licensed Embalmer No. 4329

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.