

FILED JUL 22 1948

Registration District No. **318**

STANDARD CERTIFICATE OF DEATH

State File No. **24357**

24357

6251

Primary Registration District No. **1003**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town City - ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Infirmery Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11-20-46/7
(Specify whether)
13-48
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Edwin Heinz

3. (b) If veteran, name war _____
 3. (c) Social Security No. 480-22-414

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased 7 - 20 - 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 23
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business _____

12. Name Jacob Heinz 4

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

14. Maiden name Caroline ?

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

16. (a) Informant Carroll J. Rangle 1

(b) Address 7727 Lakeland

17. (a) BURIAL (b) Date thereof 11-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS, Cem

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette

19. (a) JUL 14 1948 J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
 (c) City or town City 17
(If outside city or town limits, write "RURAL") 9
 (d) Street No. 5800 Arsenal ST.
(If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 13
 year 1948 hour 6 minute 15 a.m.
 21. I hereby certify that I attended the deceased from 5
1, 19 48, to 7 - 13, 19 48
 that I last saw him alive on 7 - 13, 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
 Duration 1 yr.

Due to 61
 Due to 61

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature M. Ohms M.D. (M. D. or other) _____
 Address 5800 Arsenal Date signed 7/13/48

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

Joseph B. Vollmer

Licensed Embalmer No. *41014*

P. O. Address *3125 Sepulchre*

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.