.300
.48

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

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21140

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5789

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 6/14/49
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Florida
b. COUNTY: 999
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeLeon Springs, 8
d. STREET ADDRESS (If rural, give location): Ponce de Leon Blvd. 02

3. NAME OF DECEASED (Type or Print): a. (First) Frances b. (Middle) c. (Last) Heinicke

4. DATE OF DEATH (Month) July (Day) 3, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 12, 1884

9. AGE (In years last birthday): 64 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Christopher K. Coates

13b. MOTHER'S MAIDEN NAME: Sarah Smith

14. NAME OF HUSBAND OR WIFE: Dr. Walther T. Heinicke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Dr. WaltherT. Heinicke ADDRESS: c/o 2111 Princeto

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 94a

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4301

22. *I hereby certify that I attended the deceased from* June 23, 1949, *to* July 7, 1949, *that I last saw the deceased alive on* July 7, 1949, *and that death occurred at* 6:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Rannenbaum (Degree or title) M.D. **23b. ADDRESS:** 3701 Grandel Sq. **23c. DATE SIGNED:** 7-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE:** July 5, 1949 **24c. NAME OF CEMETERY OR CREMATORY:** Our Redeemer Luth.Cemetery **24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: JUL 5 1949 REGISTRAR'S SIGNATURE: J. B. Fasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Beiderwieden F. H. Inc, 1936 St. Louis

(Licensed Embalmer's Statement on Reverse Side)

Dr R. A. Nussb
7452 Wellington
10:30 A.M.

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 ——— Student Embalmer No. ——— working under my personal supervision.

Student ——— Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis

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

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