

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31825

State File No. 8291

BIRTH NO. 67801-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>St. Louis.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis.</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>22-1422 Rutger Lane.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>(Un-named)</u>	b. (Middle)	c. (Last) <u>Heinz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 24 49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-24-49</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Days	12. HRS. Hours	13. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Christian Martin Heinz</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Reahr.</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Christian Heinz</u>	ADDRESS <u>1422 Rutger.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3:55 AM 9/24/49</u> <u>3:59 AM 9/24/49</u>
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Generalized Toxemia</u> DUE TO (c) <u>Maternal meningitis (Pneumococcus?) 9/21/49</u>		
11. 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>161a</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7620</u>
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22. I hereby certify that I attended the deceased from 9/24 1949, to 9/24 1949, that I last saw the deceased alive on 9/24 1949, and that death occurred at 3:54 A M., from the causes and on the date stated above.

23. SIGNATURE <u>Howard J. Sandin M.D.</u>	(Degree or title)	23b. ADDRESS <u>1325 So. Grand Blvd. St. Louis 4, Mo</u>	23c. DATE SIGNED <u>9/24/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>SEP 27 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Legator</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Gulley Kelly</u>	ADDRESS <u>4386 Lindell</u>
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ralph W. Henson*

Licensed Embalmer No. *3791*

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.