

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2573**  
Registrar's No. **945**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                    |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>2179</b> |  |
| b. CITY OR TOWN <b>St. Louis</b>                                  | c. LENGTH OF STAY (in this place) <b>3 1/2 mos.</b> | c. CITY OR TOWN <b>St. Louis</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b> |   | d. STREET ADDRESS (If rural, give location) <b>17 - 2035 Alfred Ave.</b>   |  |

|   |                         |                       |                          |  |
|---|-------------------------|-----------------------|--------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) <b>PETER</b> | a. (First) <b>PETER</b> | b. (Middle) <b>H.</b> | c. (Last) <b>HEINING</b> | 4. DATE OF DEATH <b>Jan. 28, 1950.</b> |
|---|-------------------------|-----------------------|--------------------------|--|

|                    |                               |   |  |   |                                    |                                    |                                  |                                  |
|--------------------|-------------------------------|---|--|---|------------------------------------|------------------------------------|----------------------------------|----------------------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b> | 8. DATE OF BIRTH <b>Sept. 8, 1855.</b> | 9. AGE (In years last birthday) <b>94</b> | IF UNDER 1 YEAR<br>Months <b>4</b> | IF UNDER 24 HRS.<br>Days <b>21</b> | IF UNDER 1 HRS.<br>Hours <b></b> | IF UNDER 15 MIN.<br>Min. <b></b> |
|--------------------|-------------------------------|---|--|---|------------------------------------|------------------------------------|----------------------------------|----------------------------------|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|-----------------------------------|---|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>Francis Heining</b> | 13b. MOTHER'S MAIDEN NAME <b>Annie (unknown)</b> | 14. NAME OF HUSBAND OR WIFE <b>Anna Heining (nee Brandau)</b> |
|---|--|---|

|   |                                     |  |         |
|---|-------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. F. Mocker, 2035 Alfred Ave.</b> | ADDRESS |
|---|-------------------------------------|--|---------|

|   |   |          |  |
|---|---|----------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |          | INTERVAL BETWEEN ONSET AND DEATH <b>48 HRS</b> |
|   | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHOPNEUMONIA</b>  |          | NUMBER OF YEARS <b>2</b>                       |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>MARKEG GENERALIZED ARTERIO SCLEROSIS</b><br>DUE TO (c) <b>UREMIA</b> |          | ABOUT <b>1 MONTH</b>                           |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>FRACTURE HIP O.P. 10-13-49</b>   |   | 10-12-49 |  |

|  |   |   |
|--|---|---|
| 19a. DATE OF OPERATION <b>10-13-49</b> | 19b. MAJOR FINDINGS OF OPERATION. <b>FRACT. HIP (INTRACAPSULAR)</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|--|---|---|

|  |  |  |
|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE } (Specify) <b>NO</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>ST. LOUIS, MO. 69020 MO.</b> |
|--|--|--|

|  |   |   |
|--|---|---|
| 21d. TIME OF INJURY <b>10-12-49 P.M.</b> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>FELL IN HOME 10-12-49</b> |
|--|---|---|

22. I hereby certify that I attended the deceased from **10-13, 1949**, to **1-28, 1950**, that I last saw the deceased alive on **1-27, 1950**, and that death occurred at **5:05 Am.**, from the causes and on the date stated above.

|                                     |                               |                                  |                                 |
|-------------------------------------|-------------------------------|----------------------------------|---------------------------------|
| 23a. SIGNATURE <b>C. H. Crep J.</b> | (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>539 W. Grand</b> | 23c. DATE SIGNED <b>1-28-50</b> |
|-------------------------------------|-------------------------------|----------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>1/31/50</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b> |
|---|--------------------------|--|--|

|   |   |   |         |
|---|---|---|---------|
| DATE REC'D BY LOCAL REG. <b>JAN 30 1950</b> | REGISTRAR'S SIGNATURE <b>J. Blaster</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 Natural Bridge Blvd</b> | ADDRESS |
|---|---|---|---------|

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

10.20.19  
Hessman (me) & H. H. H.

**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 C. Linders

Licensed Embalmer No. 4275

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.