

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23124

State File No.

BIRTH NO.		REG. DIST. NO. <u>87</u>		PRIMARY REG. DIST. NO. <u>5324</u>		Registrar's No. <u>5</u>		
1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</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>WYATT-BOONE</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>OVERLAND 4191</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>2641 LYNDRHURST</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>ERNST</u> c. (Last) <u>HEINRICH JR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 30 1950</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>DEC 1 1901</u>		
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OPERATOR SERVICE STATION</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GAS OIL</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDWARD E. HEINRICH SR.</u>			13b. MOTHER'S MAIDEN NAME <u>MARY R. BUSCH</u>			14. NAME OF HUSBAND OR WIFE <u>MARIE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Emmert Overland, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile Accident</u>					INTERVAL BETWEEN ONSET AND DEATH <u>68166</u> <u>26</u>	
		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.		#2				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>128</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 161 SW of Suller, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-30-50</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Deceased or title) <u>[Signature]</u>					23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>7/31/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>Aug 31 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM. ST. LOUIS</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>		
DATE REC'D BY LOCAL REG. <u>7-31-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Sullivan, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACKINK—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

Edgar W. Sullivan

Licensed Embalmer No.

2394

P. O. Address

Sullivan W.

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.