No. 300
10.48

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

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28274
Registrar's No. 6850

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2189
d. STREET ADDRESS (If rural, give location): 105 S. Leonard Ave. 18 0

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

4. DATE OF DEATH (Month) August (Day) 11 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-28-1888
9. AGE (In years last birthday): 61 — 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): General laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dallas, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Albert Heinze
13b. MOTHER'S MAIDEN NAME: Tempie Mayo
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Maud Fasson — **ADDRESS**: 105 S. Leonard Ave.

18. CAUSE OF DEATH — **MEDICAL CERTIFICATION**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 0-02X

22. *I hereby certify that I attended the deceased from* 8-3- *, 19* 50 *to* 8-11 *, 19* 50 *, that I last saw the deceased alive on* 8-11 *, 19* 50 *, and that death occurred at* 3:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Alvin J. Thompson (Degree or title): M. D.
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 8-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-14-50
24c. NAME OF CEMETERY OR CREMATORY: National
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. AUG 12 1950
REGISTRAR'S SIGNATURE: J. B. Fassler
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Russell Und. Co. 2732 Pine Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Clark Young

Signed.....
Student Embalmer

Licensed Embalmer No. 3391

P. O. Address St. Louis

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.