

FILED OCT 5 1950 STANDARD CERTIFICATE OF DEATH

31695

State File No.

318

1003

Registrar's No. 8192

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) 4555 No. Broadway,			
3. NAME OF DECEASED (Type or Print) Anna Mae		a. (First)	b. (Middle)	c. (Last) Heincker	4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 7, 1903	9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Clair, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George P. Jennings		13b. MOTHER'S MAIDEN NAME Maude Jones	
14. NAME OF HUSBAND OR WIFE Edward Heincker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -	
17. INFORMANT'S SIGNATURE OR NAME Mr. Edward Heincker, 4555 No. Broadway Ave.		17. ADDRESS		17. ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of Dole Prostate - 2 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NO <input type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 153X		22. I hereby certify that I attended the deceased from 11 Jan., 1950 , to 26 Sept., 1950 , that I last saw the deceased alive on _____, 19____, and that death occurred at 12:40pm. , from the causes and on the date stated above.			
23a. SIGNATURE NATHANIEL GOODMAN <i>Nathaniel Goodman M.D.</i>		23b. ADDRESS W Florissant		23c. DATE SIGNED 4007d W. Florissant	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept. 29, 1950		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		DATE REC'D BY LOCAL REG. SEP 29 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Meth Hermann & Son, Inc.		ADDRESS 2161 E. Fair Ave.			

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Herford W Burnley*.....

Licensed Embalmer No *4202*.....

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.