

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32187

317

6076

2318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Manchester</i>		c. LENGTH OF STAY (in this place) <i>2 years</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>57th TOWN 7th Maplewood Mo.</i>		4554	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Manchester Nursing Home</i>				d. STREET ADDRESS (If rural, give location) <i>7361 Zephyr Place</i>			
3. NAME OF DECEASED a. (First) <i>Mary</i>		b. (Middle) <i>Martha</i>		c. (Last) <i>Heineck</i>		4. DATE OF DEATH Month <i>Sept</i> Day <i>26</i> Year <i>1950</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>April 13, 1869</i>	
9. AGE (In years last birthday) <i>81</i>		IF UNDER 1 YEAR Months <i>5</i> Days <i>13</i>		IF UNDER 1 YEAR Hours <i></i> Min. <i></i>		11. BIRTHPLACE (State or foreign country) <i>Warrenton Mo.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>		11. BIRTHPLACE (State or foreign country) <i>Warrenton Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i></i>	
13a. FATHER'S NAME <i>Hugo</i>		13b. MOTHER'S MAIDEN NAME <i>Strecker</i>		14. NAME OF HUSBAND OR WIFE <i>Herman E. Heineck</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i></i>		16. SOCIAL SECURITY NO. <i></i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>George Heineck 7361 Zephyr Pl.</i>			
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) <i>Chr. Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Senility</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4-21</i>	
19a. DATE OF OPERATION <i></i>		19b. MAJOR FINDINGS OF OPERATION <i></i>		19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4221</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i></i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i></i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i></i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i></i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i></i>			
22. I hereby certify that I attended the deceased from <i>Feb</i> , 19 <i>49</i> , to <i>Sept 26</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Sept 25</i> , 1950, and that death occurred at <i>6:15</i> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Ch. Denny</i>		(Degree or title) <i>MD</i>		23b. ADDRESS <i>Creve Coeur, Mo.</i>		23c. DATE SIGNED <i>9-28-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Sept 29/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon</i>		24d. LOCATION (City, town, or county) (State) <i>Highland Rock Road, Highland Mo.</i>	
DATE REC'D BY LOCAL <i>SEP 28 1950</i>		REGISTRAR'S SIGNATURE <i>H. Donke</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>M. Bull - Campbell Mortuary 425 S. Lindell</i>			

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

400

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

R. O. Campbell

Licensed Embalmer No. 3881

P. O. Address St. Louis 8 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.