

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39131

DEC 8 - 1951

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State File No. ....

Registrar's No. 10606

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. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2159	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS 5355 Alfred Ave.,			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5355 Alfred Ave.					

3. NAME OF DECEASED (Type or Print) Frank Alvin Heinichen			4. DATE OF DEATH (Month) (Day) (Year) Nov. 27th 1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 18th 1873	9. AGE (in years last birthday) 78	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Days	12. UNDER 1 HR. Hours	13. UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Albert Heinichen	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Johanna (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME F.A. Heinichen Jr.	ADDRESS 5355 Alfred Av
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Atherosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Smility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 331X
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22. I hereby certify that I attended the deceased from Nov 29, 1940, to Nov 29, 1951, that I last saw the deceased alive on Nov 29, 1951 and that death occurred at 12:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE A. Krall	(Degree or title)	23b. ADDRESS 024162 Grand	23c. DATE SIGNED 11/29/51
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24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE November 1st 1951	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE RECD BY LOCAL REG. NOV 29 1951	REGISTERAR'S SIGNATURE Paul Smith	FUNERAL DIRECTOR'S SIGNATURE Henry Weidmann	ADDRESS 6203 Hann
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2416 No. 10  
Approved

DATE OF DEATH

PLACE HERE

BY

TIME

PLACE HERE

(Signature)

VA 000000 0000

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Etton R. Remick

Licensed Embalmer No. 4283

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.