

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6122

FILED MAR 15 1952

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION 219 North Fifth Street		d. STREET ADDRESS (If rural, give location) 219 North Fifth Street	

3. NAME OF DECEASED (Type or Print) Elizabeth	a. (First)	b. (Middle) -----	c. (Last) Heinsz	4. DATE OF DEATH (Month) (Day) (Year) March 9 1952
---	------------	----------------------	----------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug 6, 1867	9. AGE (In years last birthday) Months Days Hours Min. 84 7 3
-------------------------	----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) St. Charles County, Missouri USA	12. CITIZEN OF WHAT COUNTRY USA
---	--	--	---

13a. FATHER'S NAME Clem Suellentrop	13b. MOTHER'S MAIDEN NAME Theresa Steinmann	14. NAME OF HUSBAND OR DECEASED Matthew Heinsz 1913
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Marie Heinsz (daughter)	ADDRESS St. Charles, Mo.
--	---------------------------------------	---	------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		4 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c) Arteriosclerosis		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Disease		?	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 446X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **Mar 10, 1952** to **Mar 9, 1952** that I last saw the deceased alive on **Mar 5, 1952** and that death occurred at **10:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Marie Heinsz</i>	(Degree or title) wid	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 3/9/52
---------------------------------------	---------------------------------	---	-----------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE March 12-1952	24c. NAME OF CEMETERY OR CREMATOR St. Peter Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
---	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. 3/9/52	REGISTRAR'S SIGNATURE <i>Traine Heinsz</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. C. Hallmeyer & Sons Co.</i>	ADDRESS 800 N. 2nd St. Charles, Mo.
---	---	---	---

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Herbert C. Ballweyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.