No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14358

FILED APR 25 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3379

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) 1 Mo 21 Da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY ST. CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East St. Louis 81 20
d. STREET ADDRESS (If rural, give location) 1113 College Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Herthel
b. (Middle) Charles
c. (Last) Heinlein

4. DATE OF DEATH (Month) April (Day) 10 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 12, 1900

9. AGE (In years last birthday) 51 | 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) Clerk

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) OKAWVILLE, ILL.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRED HEINLEIN

13b. MOTHER'S MAIDEN NAME PAULINE LAUER

14. NAME OF HUSBAND OR WIFE IRENE HEINLEIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 703-01-2827

17. INFORMANT'S SIGNATURE OR NAME IRENE HEINLEIN **ADDRESS** E. ST. L.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Heart Disease — years

DUE TO (c)

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 ☐ 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? 443X

22. *I hereby certify that I attended the deceased from* 3/26/, 1952, *to* 4/10/, 1952, *that I last saw the deceased alive on* 4/9/, 1952, *and that death occurred at* 5 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD

23b. ADDRESS [signature]

23c. DATE SIGNED 4/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 4-12-52

24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM.

24d. LOCATION (City, town, or county) BELLEVILLE, (State) ILL.

DATE REC'D BY LOCAL REG. APR 10 1952

REGISTRAR'S SIGNATURE J. Carl Smith M.D. MJB

25. FUNERAL DIRECTOR'S SIGNATURE Chas M. Burke **ADDRESS** E. ST. L.

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Chas M. Burke

Licensed Embalmer No. 3421

P. O. Address E. St. Louis, Ill.

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.