

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

XC 1 649 381  
Reg.# 105 449  
BIRTH NO. NOV 14 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

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

40008

4567

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (to this place) <b>35 days</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN WEBSTER GROVES</b>		d. STREET ADDRESS (If rural, give location) <b>7518 WEIL AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>OSCAR</b>	b. (Middle) <b>E.</b>	c. (Last) <b>HEINS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-6-52</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6-30-1899</b>
9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK-PRISCO R.R.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD CLAIMS</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>HENRY HEINS</b>	13b. MOTHER'S MAIDEN NAME <b>BARBARA BLETTE</b>	14. NAME OF HUSBAND OR WIFE <b>ROSE HEINS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BKRS, MO.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HODGKINS DISEASE</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>201X</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 <b>10/2/52</b> , 19 <b>52</b> , to <b>11/6/52</b> , 19 <b>52</b> , that I last saw the deceased <b>XXXXXX</b> , and that death occurred at <b>7:50A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>M. Kaminskas</i> <b>T. KAMINSKAS, M.D.</b>	(Degree or title)	23b. ADDRESS <b>VA HOSPITAL, JEFF. BKS, MO.</b>	23c. DATE SIGNED <b>11-6-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov. 10, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>
DATE REC'D BY LOCAL REG. <b>11-7-52</b>	REGISTRAR'S SIGNATURE <i>Hazel R. Douch-M.P.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>KRIEGSHAUSER 4228 S. KINGS HIGHWAY BL</b>	

MS AUG 22 1961

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

*Edwin A. Bennett*

Licensed Embalmer No. 3024

P. O. Address.....

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.