

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8211**

FILED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **548**

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2641 LYNDOURST		e. STREET ADDRESS (If rural, give location) 2641 LYNDOURST	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ROSE c. (Last) HEINRICH			4. DATE OF DEATH (Month) (Day) (Year) 2-14-53	
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 21 1875	9. AGE (In years last birthday) 77	if UNDER 1 YEAR Months Days	if UNDER 10 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HERMAN BUSCH	13b. MOTHER'S MAIDEN NAME ANNA BRUEGEMANN	14. NAME OF HUSBAND OR WIFE EDWARD E HEINRICH SR.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARIE K HEINRICH 2624 LYNDOURST
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from **Jan 1**, 1952, to **Feb 14**, 1953, that I last saw the deceased alive on **Feb 12**, 1953, and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. E. Sterling M.D. (Degree or title)	23b. ADDRESS 2050 North & South Av. St Louis	23c. DATE SIGNED 2-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-17-53	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI
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DATE REC'D BY LOCAL REG. 2-16-53	REGISTRAR'S SIGNATURE Herbert R. Donohue	FUNERAL DIRECTOR'S SIGNATURE ADDRESS EARL HILBEMAN OVERLAND MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Carl G. Hellemar

Licensed Embalmer No. 3501

P. O. Address Princeton, N.J.

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.