

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15356**

FILED MAY 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Charles</b>	
c. LENGTH OF STAY (in this place) <b>life</b>		OR TOWN <b>Saint Charles</b> <b>0923</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>219 North Fifth Street</b>		d. STREET ADDRESS (If rural, give location) <b>219 North Fifth Street</b>	

3. NAME OF DECEASED (Type or Print) <b>Francis</b>	a. (First)	b. (Middle) <b>W.</b>	c. (Last) <b>Heinz</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 30, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 17, 1904</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>48 10 13</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>sheet metal worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Am. Car Fdry.</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Mathew Heinz</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Suellentron</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>492-09-7908</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Marie Heinz, St. Charles, Mo.</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis active</b>		<b>4 yrs -</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>2 contusion (Bilateral)</b> DUE TO (c) <b>S. L. Cosis</b>		<b>5 yrs -</b>
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 <b>001X</b>	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 **9-14-1949** to **4-30-1953**, that I last saw the deceased alive on **3-11-53**, and that death occurred at **130 ft.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. H. ...</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>St. Charles, Mo</b>	23c. DATE SIGNED <b>MAY 2 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 4, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Charles, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>May 4 1953</b>	REGISTRAR'S SIGNATURE <b>Francis ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. ...</b>	ADDRESS <b>St. Charles, Mo.</b>
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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

*Frank A. Amalson*  
Licensed Embalmer No. *4832*  
P. O. Address *St. Charles*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.