

## STANDARD CERTIFICATE OF DEATH

State File No. **22879**  
**5905**

FILED JUL 2 - 1953

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

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Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Barnes Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>324 North Oak Crest</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Hubert</b>		b. (Middle) <b>James</b>	
c. (Last) <b>Heinz</b>		d. (Month) (Day) (Year) <b>June 12 1953</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>Aug 29 1886</b>
9. AGE (In years last birthday) <b>66</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Piano Techican</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson, Wisconsin</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Hubert Heinz</b>	
14. MOTHER'S MAIDEN NAME <b>Martha Puerner</b>		15. NAME OF HUSBAND OR WIFE <b>Mary Heinz</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW - 1</b>		17. SOCIAL SECURITY NO. <b>Unknown</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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Heart Disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
20. INTERVAL BETWEEN ONSET AND DEATH		21. INFORMANT'S SIGNATURE OR NAME <b>Mary Heinz, Decatur, Illinois.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>443X</b>		22. I hereby certify that I attended the deceased from <b>8:30</b> , to <b>9:00</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>6/13/53</b> , 19 <b>53</b> , and that death occurred at <b>8:30 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Edw. E. Taylor</b>		23b. ADDRESS <b>1300 Claren</b>	
23c. DATE SIGNED <b>6/13/53</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>6-13-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Decatur, Illinois</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	
DATE REC'D BY LOCAL REG. <b>JUN 13 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>4700 Washington</b>		(Licensed Embalmer's Statement on Reverse Side)	

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.....  
Signature of Student Embalmer

Signed *John J. Haines*.....

Licensed Embalmer No. *4108*

P. O. Address *H. Haines*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.