

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19198**

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5394** Registrar's No. **164**

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Meramec Township		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Kirkwood Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Big River Near Byrnsville Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
f. STREET ADDRESS RR# 12 - Box 404		4007	

3. NAME OF DECEASED. (Type or Print)	a. (First) Robert	b. (Middle) George	c. (Last) Heinlein	4. DATE OF DEATH (Month) (Day) (Year) 6 - 26 - 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 5 - 1932	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Home Building	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Norman A. Heinlein	13b. MOTHER'S MAIDEN NAME Catherine J. Thiemann	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Was. 11/52 to 11/54	16. SOCIAL SECURITY NO. 500-32-7286	17. INFORMANT'S SIGNATURE OR NAME Catherine Heinlein	ADDRESS Kirkwood Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) In Big River, Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9298 42			

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Big River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Meramec - Jefferson Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Edwards M.D. Coroner	23b. ADDRESS Cedar Hill Mo	23c. DATE SIGNED 6/27/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/29/54	24c. NAME OF CEMETERY OR CREMATORY St Peter's Cem.	24d. LOCATION (City, town, or county) (State) Kirkwood - Mo.
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DATE REC'D BY LOCAL REG. July 2, 1955	REGISTRAR'S SIGNATURE Ruth J. J... 435	25. FUNERAL DIRECTOR'S SIGNATURE Meyer Pfitzinger	ADDRESS Kirkwood Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 7 1955

SEP 10 1958

JUL 12 1956

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 *Wm H Pfitzinger*

Licensed Embalmer No. *431*

P. O. Address *Kirkwood, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.