

FILED FEB 17 1956

STANDARD CERTIFICATE OF DEATH

State File No. 6619

318

1003

1382

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY

b. CITY OR TOWN St. Louis c. LENGTH OF STAY (in this place) 7M24da

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes X No

d. FULL NAME OF HOSPITAL OR INSTITUTION Chronic Hospital

e. STREET ADDRESS (If rural, give location) 201 3926 N. 25th Street 22070

3. NAME OF DECEASED a. (First) Louise b. (Middle) C c. (Last) Heinecke

4. DATE OF DEATH (Month) (Day) (Year) 2 6 1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 12/19/1866

9. AGE (in years last birthday) 89

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unk. Fred Alsmeyer

13b. MOTHER'S MAIDEN-NAME unk. Caroline Pohlman

14. NAME OF HUSBAND OR WIFE William Heinecke (Deceased)

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. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Fred Alsmeyer, 11239 Halls Ferry Road Chronic Hospital, 5000 Arsenal

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH years years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 420.0

20. AUTOPSY? YES NO X

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13/1955, to 2/6, 1956, that I last saw the deceased alive on 2/6, 1956, and that death occurred at 4:05P m., from the causes and on the date stated above.

23a. SIGNATURE George Esker MD

23b. ADDRESS 5100 Arsenal

23c. DATE SIGNED 2/6/56

24a. BURIAL, CREMATION, REMOVAL Removal

24b. DATE Feb 9 1956

24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery

24d. LOCATION (City, town, or county) (State) Black Jack Missouri

DATE REC'D BY LOCAL REG. FEB 8 1956

REGISTRAR'S SIGNATURE Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave

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.....
Licensed Embalmer No.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.