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FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10838

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2379

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 1 YEAR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4981A WREN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 4981A WREN 207%

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) E c. (Last) HEINRICH SR

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

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER

8. DATE OF BIRTH FEB-1-1885

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 1 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE

10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE

11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME WILLIAM HEINRICH

13b. MOTHER'S MAIDEN NAME MARGUERITE GLAZIER

14. NAME OF HUSBAND OR WIFE CLARA HEINRICH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 493-10-8099

17. INFORMANT'S SIGNATURE OR NAME Walter C. Heinrich ADDRESS 4981A Wren

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial asthma — many years
DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 241X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION — 42 ft

20. AUTOPSY? YES ☐ NO ☒

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) m.

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* 3-5-, 1936, *to* 3-6-, 1956 *that I last saw the deceased alive on* 3-6-, 1956, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE G J Fuchs (Degree or title) M D

23b. ADDRESS 608 Kingsland

23c. DATE SIGNED 3-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 3-9-56

24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK

24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY-MO

DATE REC'D BY LOCAL REG. MAR 7 1956

REGISTRAR'S SIGNATURE J Carl Smith MD MSB

25. FUNERAL DIRECTOR'S SIGNATURE L. B. Tanner ADDRESS 107 Hazel Bridge

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3

P. O. Address St. Louis

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