THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17997

STATE FILE NUMBER

FILED JUN 7 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4943

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street location) ST.LOUIS CITY HOSPITAL #1. — Length of stay in this place: 69 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes X No ☐
d. STREET ADDRESS 3604 HOLT (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First IDA Middle C. Last HEINRICH

4. DATE OF DEATH: Month MAY Day 21 Year 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: FEB. 20, 1887
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 3 Days 1 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEHOLD
11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LAWRENCE HEINRICH
14. MOTHER'S MAIDEN NAME: LOUISA GOEBEL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs.Anna Gutzler, Address: 4928a Itaska St., St.Louis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS — —
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
331+
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/5/56, to 5/21/56 and last saw her/him alive on 5/21/56. Death occurred at 10:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph J. Lauber M D (Degree or title)
22b. ADDRESS: 1515 LAFAYETTE AVE.
22c. DATE SIGNED: 5/21/56.

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
23b. DATE: MAY 24, 1956
23c. NAME OF CEMETERY OR CREMATORY: MISSOURI CREMATORY
23d. LOCATION (City, town, or county) (State): St.Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: BEIDERWIEDEN F H INC. 1936 ST.LOUIS AVE.
25. DATE RECD. BY LOCAL REG.: MAY 22 1956
26. REGISTRAR'S SIGNATURE: J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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.
(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.