

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35616

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8515**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location) 4821 Carter Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4821 Carter Avenue		e. STREET ADDRESS (If rural, give location) 4821 Carter Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) J c. (Last) Heinemann		4. DATE OF DEATH (Month) (Day) (Year) Sept 12 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 2 1874
9. AGE (in years) (last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Recorder of Deeds (Retired)	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Recorder of Deeds (Retired)		10b. KIND OF BUSINESS OR INDUSTRY City Hall	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Heinemann		13b. MOTHER'S MAIDEN NAME Elizabeth Wagner	14. NAME OF HUSBAND OR WIFE Martha Heinemann
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 Mrs. Martha Heinemann, 4821 Carter Ave
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema ANTECEDENT CAUSES DUE TO (b) Cardiac Decompensation DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arctic stenosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July , 19 57 , to Sept 12 , 19 56 , that I last saw the deceased alive on Sept 12 , 19 56 , and that death occurred at 10:30A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert M. Lanch M.D.		23b. ADDRESS 4952 Maryland	23c. DATE SIGNED Sept 13, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 15 1956	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
DATE REC'D BY LOCAL REG. SEP 14 1956	REGISTRAR'S SIGNATURE Charles Smith MD	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
Student Embalmer

Signed Richard V. Burnley
Licensed Embalmer No. 4202
P. O. Address St Louis Mo

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 this body is not embalmed, fact should be so stated above.