

FILED JAN 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1727

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559V Registrar's No. 1727

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| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>CRYSTAL CITY Mo</u> | | c. CITY OR TOWN <u>OARKVILLE</u> | |
| c. LENGTH OF STAY (In this place) <u>5 Mos 10 days</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>MOUNTAIN VIEW CON. HOME</u> | | e. STREET ADDRESS (If rural, give location) <u>R. 9-Box 690 HEINTZ Rd.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>JULIUS</u> c. (Last) <u>HEINTZ</u> | 4. DATE OF DEATH <u>JAN. - 7 - 1957</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>SEPT-11-1878</u> | 9. AGE (In years last birthday) <u>78</u> | 10. UNDER 1 YEAR Months <u>4</u> Days <u>16</u> | 11. UNDER 18 HRS. Hours <u>4</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS Co. Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>JOHN HEINTZ</u> | 13b. MOTHER'S MAIDEN NAME <u>AMELIA RUDELT</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS PONCORDIA BUESCHER</u> | ADDRESS <u>Rt 11-Box 722 MENHILLE Mo</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>None</u> <u>1 wks.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio vascular disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
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| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>IN HOME</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 10-1, 1956 to 1-7, 1957 that I last saw the deceased alive on 1-7, 1957, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

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|------------------------------------|-------------------------------|--|-----------------------------------|
| 23a. SIGNATURE <u>M. P. ...</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>112 Mississippi Crystal</u> | 23c. DATE SIGNED <u>1-7-57</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JAN-10-1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>LEMAY. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-7-57</u> | REGISTRAR'S SIGNATURE <u>James P. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>FEY FUNERAL HOME</u> | ADDRESS <u>MEMHILLE, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

502

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 15 1957

JAN 15 1957

JAN 23 1957

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

Gustav W. Dietrich

Licensed Embalmer No. 4329

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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