

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031357  
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2093

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moline</b> <del>St. Louis</del> <b>County</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Trenton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Halls Ferry Home</b>		Length of stay in lb <b>5 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>Local</b>
3. NAME OF DECEASED (Type or print) First <b>MARTHA</b> Middle <b>HEINZMANN</b> Last <b>HEINZMANN</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>10</b> Year <b>1958</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>March 26, 1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	9. AGE (In years last birthday) <b>88</b>
11. BIRTHPLACE (City and state or country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Oswald Heinzmann</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Griesbaum</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Oscar Treffert</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>Arteriosclerotic Heart disease</b>			<b>unknown</b>
DUE TO (c) <b>4200</b>			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>June 26, 1958</b> to <b>August 10, 1958</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Aug 5, 1958</b> Death occurred at <b>CLIA</b> in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Lewis Litzmann MD</b> (Degree or title)		22b. ADDRESS <b>8231 Clayton Rd (17)</b>	22c. DATE SIGNED <b>8/11/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>8/11/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetry</b>	23d. LOCATION (City, town, or county) (State) <b>Carlyle Ill.</b>
24. FUNERAL DIRECTOR <b>Buchholz Mortuary 5967 W. Florissant</b>		25. DATE RECD. BY LOCAL REG. <b>8-11-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.C.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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: *Harold Buckholz* .....

Licensed Embalmer No. *41557* .....

P. O. Address: *St. Louis* .....

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.