

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028408

FILED VS JUL 18 1960

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6246

STATE FILE NUMBER

INDEXED

|  |   |   |  |  |  |   |                                  |
|--|---|---|--|--|--|---|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis |  |   |                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |   |   | Length of stay in 1b<br>D.O.A.   | c. CITY OR TOWN Spanish Lake 1000  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. Louis City Hospital   |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | d. STREET ADDRESS (If outside, give location)<br>12126 Krenning Lane   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>WILLIAM R HEINEMANN  |   |   |  | 4. DATE OF DEATH<br>Month Day Year<br>June 17, 1960  |  |   |                                  |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br>6-30-1900  | 9. AGE (last birthday)<br>59   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Machine Operator  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>International Paper Company                             |  | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Missouri  | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.   |                                  |
| 13a. FATHER'S NAME<br>William Heinemann  |   |   | 13b. MOTHER'S MAIDEN NAME<br>Rose Lopez  |  | 14. NAME OF HUSBAND OR WIFE<br>Myrtle Heinemann  |   |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)<br>NO  |   |   | 16. SOCIAL SECURITY NO.  | 17. INFORMANT Address<br>Mrs. C. J. Juengel, 12125 Krenning Lane   |  |   |                                  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Myocardial infarction (1st attack September 5, 1958)<br>DUE TO (b)<br>DUE TO (c) 420-1<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |                                  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.  |   |   |  |  |  |   |                                  |
| 20d. INJURY OCCURRED WHILE AT WORK <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 September, 1958 to June, 1960 and last saw him alive on June 11, 1960<br>Death occurred at St. Louis, Missouri 6:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |  |  |   |                                  |
| 22a. SIGNATURE (Degree or title)<br><i>Earl Smith</i>  |   |   |  | 22b. ADDRESS<br>4161 Lindell Blvd., St. Louis 8,   |  | 22c. DATE SIGNED<br>6/17/60   |                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 23b. DATE<br>June 20 1960   | 23c. NAME OF CEMETERY OR CREMATORY<br>Friedens Cemetery   |  | 23d. LOCATION (City, town, or county)<br>St. Louis Missouri  |  |   |                                  |
| 24. FUNERAL DIRECTOR<br>Math Hermann & Son, Inc., 2161 E. Fair   |   |   |  | 25. DATE REC'D. BY LOCAL REG.<br>JUN 18 1960   | 26. REGISTRAR'S SIGNATURE<br><i>Earl Smith, M.D.</i>   |   |                                  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Arthur W. Hobbs*

Licensed Embalmer No.

*3737*

P. O. Address

*A. Hobbs*

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