ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3321 STATE FILE NUMBER -61-010959

AMENDED

FILED APR 14 1961

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, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 3 mos. 5 days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Johns Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5710 Park Lane — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BERTHA Middle Last HEINZ

4. DATE OF DEATH Month April Day 5 Year 1961

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 8/20/1891

9. AGE (last birthday) 69 years — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Fred Borchert

13b. MOTHER'S MAIDEN NAME Mary LeGrand

14. NAME OF HUSBAND OR WIFE Roy Heinz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Claire Borchert - 5710 Park Lane

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cerebral thrombosis — 3 mo-

DUE TO (c) Gen. arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332x

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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

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 4-15-58, to 4-5-61 and last saw her/him alive on 4-4-61

Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H H Siesener MD

22b. ADDRESS Northland Med Bldg

22c. DATE SIGNED 4-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE April 8, 1961

23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery

23d. LOCATION (City; town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR ADDRESS BUCHHOLZ MORTUARY-5967 West Florissant

25. DATE RECD. BY LOCAL REG. APR 8 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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 Wilford H Buckholz

Licensed Embalmer No. 4551

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.