

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

I X36671

FILED JUN 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5183**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5446 Gilmore Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME **Lydia M. Heinz**

3. (b) If veteran, name war **Nil**

3. (c) Social Security No. **None**

4. Sex **Female** **5. Color or race** **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Ernest Heinz**

6. (c) Age of husband or wife if alive.....years

7. Birth date of deceased **March 1 1875**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	3	6 hr. min.

9. Birthplace **Unknown** **Germany** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Ernest Loescher**

13. Birthplace **Unknown** **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Paulina Heushler**

15. Birthplace **Unknown** **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hazel Fritzsche**

(b) Address **5446 Gilmore Ave.**

17. (a) Removal **(b) Date thereof** **6-8-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **JUN 20 1946** **J. F. Buddeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5446 Gilmore Ave.**
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
year **1946** hour **8:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 4 1946** to **June 7 1946**
that I last saw her alive on **June 7 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis chronic
Decompensation

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **none**

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature **H. M. Foster** (M. D. or other).....

Address **5059 A ST. Louis** Date signed **June 8 1946**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20093

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Elmer R. Sadwell
Licensed Embalmer No. 4077
E. O. Address.....

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.