

1. PLACE OF DEATH:

(a) County... St Louis  
 (b) City or town... DesPeres, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Ozark Nursing Home 4  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

3. (a) PRINT FULL NAME Rebecca Heinz  
 3. (b) If veteran, name war... No  
 3. (c) Social Security No. None

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow 2  
 6. (b) Name of husband or wife Bruno Heinz  
 6. (c) Age of husband or wife if alive... 22 years 1875 (Day) (Year)  
 7. Birth date of decedent Nov 22 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	7	12	hr. min.

9. Birthplace Allegheny City Pa 7  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Hesner

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

14. Maiden name Louisa Schwanbacher

15. Birthplace Pennsylvania  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Davis  
 (b) Address 5059 Page  
 Removal

17. (a) (b) Date thereof 7-5-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Ill

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

(b) Address 4700 Washington Blvd.

19. (a) 7-5-48 (b) 6226 1/2  
 (Date received local registrar) (Registrar's signature)

23. Signature R. J. Jansen (M.D.)  
 Address Mauchester, Mo Date signed 7/5/48

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?.....  
 While at work?..... (Specify type of place)  
 (r) Means of injury.....

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2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 900  
 St. Louis 17  
 (If outside city or town limits, write "RURAL")  
 (c) City or town St. Louis 9  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5059 Page  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) 1  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
 year 1948 hour 10.30 minute P.M.

21. I hereby certify that I attended the deceased from March 16th 1948 to July 4 1948  
 that I last saw her alive on July 3 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93d

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

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(b) Date of occurrence.....

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

While at work?..... (Specify type of place)

(r) Means of injury.....

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Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

**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 Gustav W Deutch

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