

No. 300
1-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17642
State File No. _____
Registrar's No. 4546

FILED MAY 26 1948
3918

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5654 Delmar Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community abt 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County dao
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5654 Delmar Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Franz Heinsheimer

3. (b) If veteran, name war #####
3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Paula Blum Heinsheimer 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb 19 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 24 If less than one day _____ hr. _____ min. 4

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

10. Usual occupation Salesman

11. Industry or business paper products

MOTHER FATHER {
12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Jacobina Maas
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Franz Heinsheimer
(b) Address 5654 Delmar

17. (a) Burial (b) Date thereof 5/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wt Sinai

18. (a) Signature of funeral director Wm Mayer
(b) Address 4356 Lindell Blvd

19. (a) MAY 15 1948 (b) J. Beck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13
year 1948 hour 7 minute 05 P.M.
21. I hereby certify that I attended the deceased from FEB 1
1946, to MAY 15, 1948.

that I last saw h. im. alive on MAY 13, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death RUPTURE OF ABDOMINAL ANEURYSM Duration 2 wks
Due to ARTERIOSCLEROSIS, GEN. ?

Due to 9/6
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy RUPTURED ABDOMINAL ANEURYSM
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Harry Gagne (M. D. or other) med
Address 634 W. Grand Date signed 5/14/48

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

Ray E Campbell

Licensed Embalmer No.

3881

P. O. Address

W. Davis, 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.