

Commonwealth of Kentucky  
 STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

1 PLACE OF DEATH  
 County Jefferson  
 Vol. Pot. .... Registration District No. ....  
 Inc. Town ..... Primary Registration District No. 2275  
 City Louisville (No. 419-L St., ..... Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)  
 2 FULL NAME John P. Heinzman File No. 22864  
 Registered No. 3700

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single  
 6 DATE OF BIRTH September 27, 1866  
 (Month) (Day) (Year)  
 7 AGE 48 yrs. 1 mos. 13 ds. IF LESS than 1 day... hrs. or... min.?

16 DATE OF DEATH November 10, 1914  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191..., that I last saw h... alive on ....., 191..., and that death occurred on the date stated above at .....m. The CAUSE OF DEATH\* was as follows:

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work. Patrolman  
 (b) General nature of industry, business or establishment in which employed (or employer) .....

Chronic Heart Disease  
(Myocarditis)  
 (Duration) ... yrs. ... mos. ... ds.

9 BIRTHPLACE (State or country) Lou. Ky.

Contributory (SECONDARY) ....., (Duration) ... yrs. ... mos. ... ds.

PARENTS

10 NAME OF FATHER John Heinzman

11 BIRTHPLACE OF FATHER (State or country) Lou. Ky.

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country) Indiana

(Signed) Carl Weidman, per Straub  
Nov. 11, 1914 (Address) St. Charles Place

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Julia Heinzman

(Address) 419-L St.

19 PLACE OF BURIAL OR REMOVAL St. Louis Cemetery DATE OF BURIAL 11-12-1914

20 UNDERTAKER L. H. Straub ADDRESS 2125 W. Chestnut

11 W. E. Kearney  
 REGISTRAR

FILED 11-11-1914