

HEINLEIN GENEALOGY

JOHN CONRAD HEINLEIN (1868 TO 1958)  
 BERTHA A HEINLEIN, wife (1871 TO 1957)

Pennsylvania, Department of Health, Division of Vital Statistics, Certificate of Death, Certificate 40374, Bertha Charlton Heinlein, died 27 May 1957, in Allegheny County; digital image, "Pennsylvania, U.S., Death Certificates, 1906-1968," *Ancestry* (<http://www.ancestry.com>), accessed February 2022.

Search for the death record of Bertha Charlton Heinlein

Bertha Charlton Heinlein  
 Born 2 July 1871  
 Born in Pennsylvania  
 Died 27 May 1957, Moon, Allegheny, Pennsylvania  
 Spouse: John Heinlein  
 Father: William Charlton  
 Mother: Isabella Hodgson  
 Occupation: Housewife  
 No Social Security Number

Informant: Mary I. Thompson, 1102 Vance Ave., Coraopolis, PA  
 Cause of death: Severe senility  
 Buried: Coraopolis Cemetery

40374

HVS-20143-525M-9-55 10

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Primary Dist. No. 79937-019 File No. \_\_\_\_\_ Registered No. 44

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. County <u>Allegheny</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. State <u>Pa.</u> b. County <u>Allegheny</u>   |   |
| b. City, Borough or Township <u>Moon</u> c. Length of stay in 1b. <u>62 yrs.</u>  |  | c. City, Borough or Township <u>Moon</u> <span style="color: red;">799</span>   |   |
| d. FULL NAME (If NOT in hospital, give street address) of HOSPITAL or INSTITUTION <u>R. D. #1</u>   |  | d. Street Address or Location <u>R. D. #1 Coraopolis</u>  |   |
| e. Is Place of Death Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | e. Is Residence Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| 3. NAME OF DECEASED (Type or print) a. (First) <u>BERTHA</u> b. (Middle) <u>CHARLTON</u> c. (Last) <u>HEINLEIN</u>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 27 1957</u>                              |
| 5. SEX <u>F.</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>   | 8. DATE OF BIRTH <u>7-2-1871</u>  |
| 10. FULL NAME OF SPOUSE <u>JOHN HEINLEIN</u>  |  | 9. AGE (In years last birthday) <u>85</u> If under 1 year: Months <u>5</u> Days <u>25</u> Hours _____ Min. _____  |   |
| 13. FATHER'S NAME <u>WILLIAM CHARLTON</u>   |  | 11. BIRTHPLACE (Also give state or foreign country) <u>Pennsylvania</u>   |   |
| 15. USUAL OCCUPATION (even if retired) <u>Housewife</u>   |  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |   |
| 16. Social Security No. <u>none</u>   |  | 14. MOTHER'S MAIDEN NAME <u>Isabella Hodgson</u>  |   |
| 17. INFORMANT <u>Mary I. Thompson</u>   |  | ADDRESS <u>1102 Vance Ave Coraopolis Pa</u>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]<br>PART I. Death was caused by:<br>IMMEDIATE CAUSE (a) <u>Severe Senility</u><br>Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)] _____<br>INTERVAL BETWEEN ONSET AND DEATH <u>794X</u> |  |   | 19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. _____                             |   | 20c. Time of Injury Hour, m. _____ Month, Day, Year _____                           |
| 20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) _____ | 20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE _____   |   |
| 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>25 May 57</u> , and that death occurred at <u>2:30 a.m.</u> E.S.T., from the causes and on the date stated above.  |  |   |   |
| 22a. SIGNATURE <u>[Signature]</u> M.D. or D.O.  |  | 22b. ADDRESS <u>Coraopolis</u> 22c. DATE SIGNED <u>28 May 57</u>  |   |
| 23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>   | 23b. DATE <u>5-29-57</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Coraopolis</u>  | 23d. LOCATION (City, Boro., Twp. & County) (State) <u>Coraopolis Allegheny Pa</u>   |
| 24. DATE REC'D BY REG <u>5/28/57</u>  | 25. REGISTRAR'S SIGNATURE <u>[Signature]</u>                         | 26. SIGNATURE OF FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>112 State Ave</u>   |   |