# HEINLEIN GENEALOGY

## Carl Conrad Heinlein (1904 to 1993)

### Death Certificate

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

**WARNING: It is illegal to duplicate this copy by photostat or photograph.**

Fee for this certificate, $2.00

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF HEALTH *

Erma J. Conflenti
Local Registrar

2112345
No.

11-28-93
Date

H106.143 Rev. 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT PERSONAL DATA**

1. NAME OF DECEDENT (First, Middle, Last): Carl C. Heinlein
2. SEX: Male
3. SOCIAL SECURITY NUMBER: 208 — 03 — 4316
4. DATE OF DEATH (Month, Day, Year): November 22, 1993
5. AGE (Last Birthday): 89 Yrs. (Under 1 Year: Months / Days; Under 1 Day: Hours / Minutes)
6. DATE OF BIRTH (Month, Day, Year): Jan. 1, 1904
7. BIRTHPLACE (City and State or Foreign Country): Moon, Pa.
8. PLACE OF DEATH (Check only one — see instructions on other side): HOSPITAL: Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER: Nursing Home ☑ Residence ☐ Other (Specify) ☐
8a.
9. WAS DECEDENT OF HISPANIC ORIGIN? No ☒ Yes ☐ If yes, specify Cuban, Mexican, Puerto Rican, etc.
10. RACE - American Indian, Black, White, etc. (Specify): White
8b. COUNTY OF DEATH: Butler
8c. CITY, BORO, TWP OF DEATH: Mars
8d. FACILITY NAME (If not institution, give street and number): ST. John's Lutheran Care Center
11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life; do not use retired): Draftsman
11b. KIND OF BUSINESS/INDUSTRY: Boat Design
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes ☐ No ☒
13. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary: 12 (0-12); College (1-4 or 5+):
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Gertrude Krentz
16. DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code): 229 Oakhaven Dr. Moon Township, Pa. 15108
DECEDENT'S ACTUAL RESIDENCE (See instructions on other side)
17a. State: Pennsylvania
17b. County: Allegheny
Did decedent live in a township? 17c. ☒ Yes, decedent lived in: Moon twp
17d. ☐ No, decedent lived within actual limits of: city/boro
18. FATHER'S NAME (First, Middle, Last): Mikael Heinlein
19. MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Teepe
20a. INFORMANT'S NAME (Type/Print): Gertrude V. Heinlein
20b. INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code): 229 Oakhaven Dr., Moon Township, Pa. 15108

**DISPOSITION**

21a. METHOD OF DISPOSITION: Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
21b. DATE OF DISPOSITION (Month, Day, Year): Nov. 24, 1993
21c. PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place: Coraopolis Cemetery
21d. LOCATION - City/Town, State, Zip Code: Coraopolis, Pa. 15108
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: R.D. Copeland
22b. LICENSE NUMBER: 7644-L
22c. NAME AND ADDRESS OF FACILITY: R.D. Copeland LTD, 867 Fifth Ave., Coraopolis, Pa. 15108

**PRONOUNCING PHYSICIAN ONLY** (See definition on other side)

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.
To the best of my knowledge, death occurred at the time, date and place stated.
23a. (Signature and Title): Rebecca Shaffer RN
23b. LICENSE NUMBER: MD-029548-E
23c. DATE SIGNED (Month, Day, Year): November 22, 1993

Items 24-26 must be completed by person who pronounces death.
24. TIME OF DEATH: approximately 10:45 P.M.
25. DATE PRONOUNCED DEAD (Month, Day, Year): November 22, 1993
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes ☐ No ☒

**CAUSE OF DEATH** (See instructions on other side)

27. PART I: Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Atherosclerotic Heart Disease — Approximate interval between onset and death: 5 min
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.

| 28a. WAS AN AUTOPSY PERFORMED? | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | 29. MANNER OF DEATH | 30a. DATE OF INJURY (Month, Day, Year) | 30b. TIME OF INJURY | 30c. INJURY AT WORK? | 30d. DESCRIBE HOW INJURY OCCURRED. |
|---|---|---|---|---|---|---|
| Yes ☐ No ☒ | Yes ☐ No ☐ | Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined ☐ | | | Yes ☐ No ☐ | |

30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
30f. LOCATION (Street, City/Town, State)

**CERTIFIER** (See definitions on other side)

CERTIFIER (Check only one)

☒ *CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ *PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☐ *MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

31a.

31b. SIGNATURE AND TITLE OF CERTIFIER: Neal A Schorr MD
31c. LICENSE NUMBER: MD-029548-E
31d. DATE SIGNED (Month, Day, Year): Nov. 22, 1993
32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print: Neal A Schorr MD, 2568 Brandt School Rd, Wexford PA 15090

33. REGISTRAR'S SIGNATURE AND NUMBER: Erma J. Conflenti 11-29-93
34. DATE FILED (Month, Day, Year): NOV. 23 1993

ALIAS USED

NAME OF DECEDENT: Carl Heinlein