

HEINLEIN GENEALOGY

Richard Herman Heinlein (1911 to 1991)
Marjorie Bender Heinlein (wife, 1911 to 1991)

David Eric Heinlein (son, 1939 to 2014)

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

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

Fee for this certificate: \$6.00



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.

JUL 11 2014

P 20719028

Certification Number

Type/Print in Permanent Block Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

Local Registrar

Date Issued

1. Decedent's Legal Name (Last, Middle, Last, Suffix) David E. Heinlein Sr.		2. Sex M	3. Social Security Number 17-50-1498	4. Usual Death Date (Mo/Day/Yr) (Spell Month) July 9, 2014
5a. Age-Last Birthday (Yrs) 75	5b. Under 1 Day Months Days 07 09	5c. Under 1 Day Hours Minutes 07 43	6. Date of Birth (Mo/Day/Year) (Spell Month) March 21, 1939	7a. Quarters (City and State or Foreign Country) Washington, PA
8a. Residence (City or Foreign Country) Washington	8b. Residence (Street and Number - include apt. No.) 527 Madison Ave	8c. Did decedent live in a Township? ☐ Yes, decedent lived in _____	9. Birthplace (Country) Germany	10. Decedent lived within limits of _____ city/town
11. Decedent's Marital Status at Time of Death ☒ Married ☐ Single ☐ Widowed ☐ Never Married ☐ Unknown	12. Father's Name (Last, Middle, Last, Suffix) Richard Heinlein	13. Mother's Name (Last, Middle, Last) Marjorie Bender	14a. Informant's Name David E. Heinlein Jr.	14b. Relationship to Decedent Son
15a. Place of Death (City or Foreign Country) Washington, PA	15b. Date of Death (Mo/Day/Year) (Spell Month) July 9, 2014	15c. Informant's Address (Street and Number, City, State, Zip Code) 527 Madison Ave, Washington, PA 15302	16a. Method of Disposition ☐ Burial ☐ Cremation ☐ Other (Specify) _____	16b. Date of Disposition July 10, 2014
17a. Signature of Funeral Service Licensee or Person in Charge of Interment James J. Schaefer	17b. License Number 012052-4	18. Complete Address of Funeral Facility Memorial Funeral Home & Crematory Services, 825 E. 15th St., Erie, PA 16502	19. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death: ☐ 8th grade or less ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree (e.g. AA, AS) ☐ Bachelor's degree (e.g. BA, BS, AB, BS) ☐ Master's degree (e.g. MA, MS, MEd, MEd, MEd, MEd) ☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DO, DVM, DDS, JD)	20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be: ☒ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islands
21. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. Controller	22. Kind of Business/Industry Radiator Factory	23a. Date Pronounced Dead (Mo/Day/Yr) 07/09/2014	23b. Signature of Person Pronouncing Death (Only when applicable) David Heinlein RN	23c. License Number RNS 26148L
24. Time of Death 7:43 pm				
25. Was Medical Examiner or Coroner Contacted? ☒ Yes ☐ No				
26. Part I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) C.O.P.D.				
Sequently list conditions, if any, leading to this cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.				
27. Was an autopsy performed? ☐ Yes ☒ No				
28. Were autopsy findings available to complete the cause of death? ☐ Yes ☒ No				
29. If Female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year				
30. Did Tobacco Use Contribute to Death? ☐ Yes ☐ No ☐ Probably ☐ Unknown				
31. Manner of Death ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined				
32. Date of Injury (Mo/Day/Yr) (Spell Month)				
33. Time of Injury				
34. Place of Injury (e.g. home, construction site, farm, school)				
35. Location of Injury (Street and Number, City, County, State, Zip Code)				
36. Injury at Work ☐ Yes ☒ No				
37. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) _____				
38. Describe How Injury Occurred:				
39. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one): ☒ Certifying - To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner 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 stated.				
Signature of certifier: David E. Heinlein Title of certifier: MD License Number: M0014666E				
40. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) DAWSON LIM 1163 COUNTRY CLUB RD MONROVIA, PA 15063				
41. Registrar's Signature David E. Heinlein				
42. Registrar's Date (Mo/Day/Yr) July 10, 2014				
43. Registrar's Date (Mo/Day/Yr) July 11, 2014				

Pennsylvania, Department of Health, Local Registrar's Certification of Death, Certificate P 20719028, David E. Heinlein Sr., died 9 July 2014, in Washington County; digital image, "Photo," Person Number 28121910862, Tree Number 42726430, Public Member Trees, Ancestry (<http://www.ancestry.com>), accessed January 2020.