

## HEINLEIN GENEALOGY

## Elizabeth "Lizzie" Heinlein Colter (1877 to 1963)

Pennsylvania, Department of Health,  
Vital Statistics, Certificate of Death,  
Certificate 1262-63, Elizabeth Colter,  
died 2 January 1963, in Allegheny  
County; digital image, "Pennsylvania,  
U.S., Death Certificates, 1906-1968,"  
*Ancestry* (<http://www.ancestry.com>),  
accessed January 2022.

Search for Lizzie  
Heinlein Colter's death  
certificate

Elizabeth Colter  
Born 31 October 1877, Germany  
Usual residence: R.D. #1, Clinton, PA  
Died 2 January 1963, Sewickley Valley  
Hospital, Sewickley, Allegheny Co., PA  
Spouse: Andrew "Cloter," deceased  
Father: John Herberzeheimer [sic]  
Mother: ?? [sic]  
Cause of death: Arteriosclerotic heart  
disease  
Buried: Coraopolis Cemetery  
Informant: Mary Alice Heinlein, [same  
address]

HVS-20143 REV. 11/59 LOCAL REG. NO. ....		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH VITAL STATISTICS		CERTIFICATE OF DEATH		001262-63	
PRIMARY DIST. NO. 708-39-039							
1. DEATH OCCURRED IN: a. County Allegheny b. City or borough Sewickley		2. DECEASED'S MAILING ADDRESS a. Street address, R. D., or Box Number R.D. #1 Clinton b. Post Office, Zone, and State Clinton, Pa.		3. VETERAN Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>		a. Which War ..... b. Serial No. ....	
c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number)		d. Full Name of Hospital or Institution (If not in hospital, give street address) Sewickley Valley Hosp.		5. DATE OF DEATH (Month) (Day) (Year) January 2, 1963			
4. NAME OF DECEASED (Type or print) Elizabeth Colter		a. (First) Elizabeth b. (Middle) c. (Last) Colter		6. WHERE DID DECEASED ACTUALLY LIVE? a. State Penna. b. County Allegheny		c. Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in ..... township. <input type="checkbox"/> No, deceased lived within actual limits of ..... city or borough.	
7. SEX Female		8. COLOR OR RACE White		9. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		10. DATE OF BIRTH 10/31/1877 11. AGE (In years last birthday) 85	
12. USUAL OCCUPATION (even if retired) Housewife		13. SOCIAL SECURITY NO. ??		14. BIRTHPLACE (State or foreign country) Germany		15. CITIZEN OF WHAT COUNTRY? USA	
16. FULL NAME OF SPOUSE Dec'd. Andrew Cloter		17. MOTHER'S MAIDEN NAME ??		19. INFORMANT'S NAME AND ADDRESS Mary Alice Heinlein, as above			
18. FATHER'S NAME John Herberzeheimer							
MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)						INTERVAL BETWEEN ONSET AND DEATH	
20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c). PART I. Death was caused by: IMMEDIATE CAUSE (a) arteriosclerotic heart disease						5 days	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) ..... DUE TO (c) .....							
PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)						21. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
22. a. ACCIDENT Yes <input type="checkbox"/> No <input type="checkbox"/>		22. b. DESCRIBE HOW ACCIDENT OCCURRED		22. c. TIME OF ACCIDENT Hour Month Day Year			
22. d. ACCIDENT OCCURRED While at Not while work <input type="checkbox"/> at work <input type="checkbox"/>		22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)		22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE			
23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 10:30 P.M., E.S.T.							
a. Signature J. Schmitt		b. Address Sewickley, Pa.		c. Date signed 1/3/1963			
24. a. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24. b. DATE 1/6/1963		24. c. NAME OF CEMETERY OR CREMATORY Coraopolis Cemetery		24. d. LOCATION (City, Boro., Twp., & County) (State) Coraopolis, Allegheny, Pa.	
25. DATE REC'D BY REG. 1-4-63		26. REGISTRAR'S SIGNATURE		27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR			
				Coraopolis, Pa.			