

HEINLEIN GENEALOGY

Johann Michael Heinlein (1832 to 1912)

5 Name: Frederick (Friedrich) Heinlein
 M Birth: 24 Dec 1874 in Germany
 Marriage: Abt. 1899
 Death: 30 Mar 1943 in Crafton, Allegheny, Pennsylvania, USA
 Burial: Greentree Cemetery, Green Tree, Allegheny, Pennsylvania, USA
 Spouse: Mary



MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
 OF DEATH. In plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See Instru-
 tion on back of certificate.

HVS-5H-250M-3-40

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS

Primary Dist. No. 02-12-21 File No. 24122
 Registered No. 13

545

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
 (a) County Allegheny
 (b) City or borough or township Crafton Pa.
 (c) Name of hospital or institution:
8 Bell Ave
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Pa (b) County Allegheny
 (c) City or town Crafton Pa.
 (If outside city or town limits, write RURAL)
 (d) Street No. 8 Bell Ave
 (If rural give location)
 (e) If foreign born, how long in U. S. A.? 40 years.

3. (a) FULL NAME Frederick Heinlein
 3. (b) If U. S. Veteran, complete reverse side of certificate
 3. (c) Social Security No. _____

4. Sex M 5. Color White 6. (a) Single, widowed, mar-
ried, divorced Married
 7. (b) Name of husband or wife Maria H. Heinlein 6. (c) Age of husband or wife
 if alive _____ years

7. Birth date of deceased Dec 24 - 1874
 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 6 If less than one day
 hr. min.

9. Birthplace Bavaria, Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Michael Heinlein
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Agnes Hoffmann
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred C. Heinlein
 (b) Address 217 Jackson Side, Bellvue Pa.

17. (a) Burial (b) Date thereof Apr 2 - 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greentree Cem

18. (a) Signature of funeral director Walter Herdtgen
 (b) Address 57 Station St Crafton Pa.

19. (a) March 30 1943 (b) M.P. McKeown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. Date of death: Month March day 30
 year 1943 hour 1 minute 50 AM
 21. I hereby certify that I attended the deceased from July
22, 1940, to March 30, 1943
 that I last saw him alive on Nov 29, 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cardio-vascular - renal disease - renal
 Due to 131a
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

DURATION Sept
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) (Probably) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
 While at work? Yes (a) Means of injury _____ (M. D. or other)
 23. Signature M.D. Brent (M. D. or other)
 Address Crafton Date signed 3/30/43

Pennsylvania, Department of Health, Bureau of Vital Statistics, Certificate of Death, Frederick Heinlein, died 30 March 1943, in Allegheny County; digital image, "Pennsylvania, Death Certificates, 1906-1966," Ancestry (http://www.ancestry.com), accessed May 2018.