

HEINLEIN GENEALOGY

JAMES „JIM“ HEINLEIN (1879 TO 1953)

Pennsylvania, Department of Health, Certificate of Death, Certificate 1512, James Heinlein, died 29 January 1953, in Allegheny County; digital image, "Pennsylvania, U.S., Death Certificates, 1906-1967," *Ancestry* (<http://www.ancestry.com>), accessed January 2021.

James Heinlein
Born 7 April 1879
Married
Farmer on a farm
Born in Germany

Died 29 January 1953
73 years, 9 months, 22 days
Died in Moon, Allegheny, Pennsylvania
Father: John Heinlein
Mother: Unknown

HVS-20011-800M-10-50		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS		File No. <u>1512</u>
Primary Dist. No. <u>02X27-30</u>		CERTIFICATE OF DEATH		Registered No. <u>26</u>
1. PLACE OF DEATH a. COUNTY <u>Allegheny</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Penna.</u> b. COUNTY <u>Allegheny</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <u>Kennedy Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <u>Moon Township</u>		
c. LENGTH OF STAY (In this place) <u>days</u>		d. STREET ADDRESS (If rural, give location) <u>R.D.# 1, Coraopolis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ohio Valley Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>-----</u> c. (Last) <u>HEINLEIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 29, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-7-1879</u>	9. AGE (In years last birthday) <u>73-9-22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, e.g., farmer) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (Also give State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>John Heinlein</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S OWN SIGNATURE <u>Barbara Heinlein</u> ADDRESS <u>R.D.#1, Coraopolis Pa.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>primary site, intestine 153X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Peritonitis with disseminated carcinoma</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Jan. 20, 1953</u> to <u>Jan. 29, 1953</u> that I last saw the deceased alive on <u>Jan. 29, 1953</u> and that death occurred at <u>12:40A</u> m, E.S.T., from the causes and on the date stated above.				
23a. SIGNATURE <u>Reginald A. Harwood</u> M.D. or other		23b. ADDRESS <u>Pittsburgh, Pa.</u>	23c. DATE SIGNED <u>1-30-53</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-31-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coraopolis Cemetery</u>	24d. LOCATION (Town, township and county) (State) <u>Coraopolis, Alleg. Co., Pa.</u>	
DATE REC'D BY LOCAL REG. <u>1/31/53</u>	REGISTRAR'S SIGNATURE <u>Arthur P. Thayer</u>	25. SIGNATURE OF FUNERAL DIRECTOR <u>W. L. Carroll</u> ADDRESS <u>Coraopolis, Penna.</u>		