

HEINLEIN GENEALOGY

JOHN CONRAD HEINLEIN (1868 TO 1958)  
 BERTHA A HEINLEIN, wife (1871 TO 1957)

Pennsylvania, Department of Health, Vital Statistics, Certificate of Death, Certificate 108228, John Heinlein, died 3 December 1958, in Allegheny County; digital image, "Pennsylvania, U.S., Death Certificates, 1906-1968," Ancestry (http://www.ancestry.com), accessed January 2022.

Search for John Heinlein's death certificate in Pennsylvania

John Heinlein  
 Born 21 July 1867 in Germany  
 Age 91 years, 4 months, and 12 days  
 Died 3 December 1958, Moon Township, Allegheny County, Pennsylvania  
 Spouse: Bertha Charlton Heinlein, deceased  
 Father: John Heinlein

Mother: Margerate [sic] Heinlein  
 Usual occupation (even if retired): Farmer  
 Informant: M. Thompson, 1102 Vance Ave., Cora., Pennsylvania  
 Cause of death: Generalized arterio-sclerosis (senility)  
 Buried: Coraopolis Cemetery

HVS-20143-300M-3-57		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH VITAL STATISTICS		File No. <b>108228</b>	
Primary Dist. No. <b>79937-019</b>		<b>CERTIFICATE OF DEATH</b>		Registered No. <b>109</b>	
1. PLACE OF DEATH a. County <b>Allegheny</b> b. City, Borough or Township <b>Moon Twp</b> c. Length of stay in 1b. <b>RD #1 Coraopolis</b> d. FULL NAME (if NOT in hospital, give street address) of HOSPITAL or INSTITUTION <b>RD 1-Coraopolis</b> e. Is Place of Death Inside Municipality Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission) a. State <b>Penna.</b> b. County <b>Allegheny</b> c. City, Borough or Township <b>Moon Twp-</b> d. Street Address or Location <b>RD #1 Coraopolis</b> e. Is Residence Inside Municipality Limits? f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) a. (First) <b>JOHN</b> b. (Middle) c. (Last) <b>HEINLEIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12/3/1958</b>		9. AGE (In years last birthday) If under 1 year If under 24 hrs. <b>91-4-12</b> Months Days Hours Min.	
5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b> 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>7/21/1867</b>		11. BIRTHPLACE (Also give state or foreign country) <b>Germany</b> 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. FULL NAME OF SPOUSE <b>Dec'd-Bertha Charlton Heinlein</b>			14. MOTHER'S MAIDEN NAME <b>Magerate Heinlein</b>		
13. FATHER'S NAME <b>John Heinlein</b>			17. INFORMANT ADDRESS <b>M. Thompson-1102 Vance Ave., Cora., Pa.</b>		
15. USUAL OCCUPATION (even if retired) <b>Farmer</b>		16. Social Security No.		19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)] PART I. Death was caused by: IMMEDIATE CAUSE (a) <b>Generalized Arterio-sclerosis</b> DUE TO (b) <b>(Senility)</b> DUE TO (c) <b>(Senility)</b> PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)]					INTERVAL BETWEEN ONSET AND DEATH <b>4500</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED.		20c. Time of Injury Hour, m. Month, Day, Year E.S.T.	
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)		20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE	
21. I hereby certify that I attended the deceased from <b>1958</b> to <b>3 Dec 58</b> , that I last saw the deceased alive on <b>Nov 1958</b> , and that death occurred at <b>12:30 P.M. E.S.T.</b> , from the causes and on the date stated above.					
22a. SIGNATURE <b>[Signature]</b> M.D. <b>[Signature]</b>		22b. ADDRESS <b>State Ave., Cora., Pa.</b>		22c. DATE SIGNED <b>12/4/58</b>	
23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		23b. DATE <b>12/6/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Coraopolis Cemetery</b>	
23d. LOCATION (City, Boro., Twp. & County) (State) <b>Coraopolis-Allegheny, Pa.</b>		26. SIGNATURE OF FUNERAL DIRECTOR <b>[Signature]</b> ADDRESS <b>Coraopolis, Pa.</b>			
24. DATE REC'D BY REG. <b>12/5/58</b>		25. REGISTRAR'S SIGNATURE <b>[Signature]</b>			