

HEINLEIN GENEALOGY

John Heinlein, father (1836 to 1919)

We obtained a copy of the death certificate for "Mr. Jno. Heinlein, Sr.," who died 16 March 1919 in Moon Township, Allegheny County, Pennsylvania, from carcinoma of the lip, mouth, and throat (Document 1). This year was different than the one given on your tree, but matched the year listed on John's gravestone in Greentree Cemetery, Green Tree, Allegheny County, Pennsylvania (Document A).

Information on John's death record was provided by Fred Durst of "Hookstown Pa road," who stated that John was born 10 April 1836 in Germany and was widowed. His father's name was given as "Binkort" Heinlein, but Fred didn't know John's mother's name.

Form V. S. No. 5-50M, 6-20-16.		CERTIFICATE OF DEATH		COMMONWEALTH OF PENNSYLVANIA. DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS.	
I. PLACE OF DEATH.		County of <u>Allegheny</u>		Registration District No. <u>122</u>	
Township of <u>Moon</u>		or Borough of		Primary Registration District No. <u>2032</u>	
City of <u>2</u> (No. <u>2</u>)		St. <u>Pa</u>		Ward.	
2. FULL NAME <u>Mr Jno Heinlein Sr</u>		File No. <u>32909</u>		Registered No. <u>67</u>	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widower</u>	16. DATE OF DEATH <u>Mar 16 1919</u> (Month) (Day) (Year)		
6. DATE OF BIRTH <u>April 10 1836</u> (Month) (Day) (Year)			17. I HEREBY CERTIFY, That I attended deceased from <u>Nov 1 1918</u> , to <u>Mar 16 1919</u> , that I last saw him alive on <u>Mar 14 1919</u> , and that death occurred, on the date stated above, at <u>1 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Carcinoma of lip mouth & throat</u>		
7. AGE <u>83</u> yrs. <u>83</u> mos. <u>0</u> ds. If LESS than 1 day how many.....hrs. ormin. ?			39-1871 (Duration) <u>2</u> yrs.mos.ds. Contributory <u>Old age</u> (Secondary.) (Duration)yrs.mos.ds.		
8. OCCUPATION (a) Trade, profession, or, particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer).			(Signed) <u>H B Speer</u> M. D. <u>Mar 16 1919</u> (Address) <u>Coraopolis Pa</u>		
9. BIRTHPLACE (State or Country) <u>Germany</u>			*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
PARENTS	10. NAME OF FATHER <u>Binkort Heinlein</u>	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents). At Place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds. Where was disease contracted, If not at place of death? Former or usual residence.....			
	11. BIRTHPLACE OF FATHER (State or Country) <u>Germany</u>	19. PLACE OF BURIAL OR REMOVAL <u>36th Ward Cemetery</u> DATE OF BURIAL <u>March 18 1919</u>			
	12. MAIDEN NAME OF MOTHER <u>Don't know</u>	20. UNDERTAKER <u>T P Hershberger & Sons</u> ADDRESS <u>190 main st West End Pittsburg Pa</u>			
13. BIRTHPLACE OF MOTHER (State or Country) <u>" "</u>			14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) <u>Fred Durst</u> (Address) <u>Hookstown Pa road</u>		
15. Filed <u>March 18 1919</u> <u>John S Houkle</u> Local Registrar					