HEINLEIN GENEALOGY

MIKEL JOHN HEINLEIN SR (1873 TO 1965)

Pennsylvania, Department of Health, Certificate of Death, Certificate 036021-65, Mikel Heinlein Sr., died 6 April 1965, in Butler County; digital image, "Pennsylvania, Death Certificates, 1906-1967," *Ancestry* (http://www.ancestry.com), accessed December 2019.

HEINLEIN

Of Coraopolis, on Tuesday, April 6, 1965, Mikel, father of Mrs. Ida Brast, Mrs. Norma Johnson, Mrs. Anna Trautman, Michael Jr., Carl Edward, Richard and Harry Heinlein; also 17 grandchildren; 29 great-grandchildren and one great-great grandchild. Friends may call at **R. D. COPELAND'S**, 867 Fifth Ave. Coraopolis. Services on Friday at 1:30 p. m.

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HVS-20143 REV. 11/59
LOCAL REG. NO. 32
PRIMARY DIST. NO. 10937-110

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH 036021-65

1. DEATH OCCURRED IN: a. County BUTLER b. City or borough MARS
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) ST. JOHN'S LUTHERAN HOME MARS, PA.

2. DECEASED'S MAILING ADDRESS a. Street address, R. D., or Box Number 1227 MAPLE ST. EXT.
b. Post Office, Zone, and State CORAOPOLIS, PA.

3. VETERAN Yes ☐ NO ☒
a. Which War ..... b. Serial No. .....

4. NAME OF DECEASED (Type or print) a. (First) MIKEL b. (Middle) c. (Last) HEINLEIN SR.

5. DATE OF DEATH (Month) APRIL (Day) 6 (Year) 1965

6. WHERE DID DECEASED ACTUALLY LIVE? a. State PENNSYLVANIA b. County ALLEGHENY
c. Did deceased live in a township? ☐ Yes, deceased lived in ..... township. ☒ No, deceased lived within actual limits of CORAOPOLIS city or borough.

7. SEX	8. COLOR OR RACE	9. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	10. DATE OF BIRTH	11. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
MALE	WHITE		AUG 28, 1873	91		

12. USUAL OCCUPATION (even if retired)	13. SOCIAL SECURITY NO.	14. BIRTHPLACE (State or foreign country)	15. CITIZEN OF WHAT COUNTRY?
CARPENTER - FARMER	208-18-2561	GERMANY	U.S.

16. FULL NAME OF SPOUSE MINNIE TEPE HEINLEIN
17. MOTHER'S MAIDEN NAME ? TEPE
18. FATHER'S NAME JOHN HEINLEIN
19. INFORMANT'S NAME AND ADDRESS Elmer J. Luckenbach, Elm. ST. JOHN'S LUTH HOME MARS, PA.

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).
PART I. Death was caused by:
IMMEDIATE CAUSE (a) Coronary
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b) .....
DUE TO (c) Arthritis

INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a) Swelling of hand due to Arthritis

21. WAS AUTOPSY PREFORMED? Yes ☐ No ☒

22. a. ACCIDENT Yes ☐ No ☐ | 22. b. DESCRIBE HOW ACCIDENT OCCURRED | 22. c. TIME OF ACCIDENT Hour Month Day Year m E.S.T.

22. d. ACCIDENT OCCURRED While at work ☐ Not while at work ☐ | 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 10:25 a.m., E.S.T.
a. Signature J. M. Daniels M. D. or D. O. b. Address Mars Pa. c. Date signed 4.6.65

24 a. BURIAL ☒ CREMATION ☐ REMOVAL ☐	24. b. DATE	24. c. NAME OF CEMETERY OR CREMATORY	24. d. LOCATION (City, Boro., Twp., & County) (State)
	4/9/1965	Coraopolis Cemetery	Coraopolis, Allegheny, Penna.

25. DATE REC'D BY REG.	26. REGISTRAR'S SIGNATURE	27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR
4/8/65	Mrs. Jean B. Bradley	R. D. Copeland. Coraopolis, Pa.

Jean Bradley 70 019