MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19636

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5341

City St. Louis (No. Missouri Baptist Sanitarium St. ..... Ward)

2. FULL NAME William Frederick Heidbreder

(a) Residence. No. 5500 S Kingshighway St. Bl 2 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Subsequent Occupation City 1-3 5542

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Heidbreder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1 - 1878

7. AGE: Years 49 | Months 3 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Hy Heidbreder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Fredricka Rabe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Katherine Heidbreder
(Address) 5500 S Kingshighway

15. FILED JUN -9 1927 19..... Max C Starkoff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1927

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1927, to June 7, 1927, that I last saw him alive on June 7, 1927, and that death occurred, on the date stated above, at 2 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Peritonitis

45

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Sarcoma Head of Caecum with secondary infection of Appendix (duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Mo. Bapt. San

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 5/28/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? By Resection of Head of Caecum & Ileal Anastomosis.

(Signed) Phil Harper Jr., M. D

6/8, 1927 (Address) 410 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Marcus | DATE OF BURIAL June 9 1927

20. UNDERTAKER Wacker-Heldorf | ADDRESS 2331 S Bway