

OCT 14 1937

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

32277

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4264a Lee Ave.** Registered No. **8331**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **30** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Emma Heideman**

(a) Residence, No. **4264a Lee Ave.** St. **10**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **William F. Heideman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 1st, 1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 9 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**13. NAME **Herman Aufdenbrinke**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Louise Wendeler**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Wm F Heideman**
4264a Lee Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles Cem** DATE **Sept. 6th 1937**19. FUNERAL DIRECTOR (ADDRESS) **Wm F Heideman**
1905 Union Blvd.20. FILED **SEP 4 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 3rd 1937**22. I HEREBY CERTIFY, That I attended deceased from **Nov. 25 1936 to Aug 3 1937**I last saw her alive on **Aug 2 1937** Death is saidto have occurred on the date stated above, at **8:15 P.M.**

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset **not known**

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **no**23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased? **no**If so, specify **George Mueller**, M. D.
(Address) **1562 St Louis**

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Mueller
1507 St. L
9-10

STATEMENT BY LICENSED EMBALMER

I, Elmer C. Dreherman Licensed Embalmer No. 3690

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Elmer C. Dreherman

L. E.

No. 3690 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Elmer C. Dreherman

Licensed Embalmer No. 3690

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)