MAR 25 1939 REC'D APR 7 1939

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

12317
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township
(c) City Rich Hill
Registration District No. 7844
Primary Registration District No. 11
Registered No. 550
(d) Street No. St. Marys Hospital St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herman W. Heidbrink
(a) Residence, No. 4878a Penrose St. St.
(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: 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: Emma Heidbrink

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 15 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
68	11	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Machinist
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): Gasconade Co. Mo.

FATHER
13. NAME: Wm Heidbrink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Fredericka Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Emma Heidbrink 4878a Penrose St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rose Bud Mo. DATE: Mar 28 1939

19. FUNERAL DIRECTOR (ADDRESS): Beiermann Funeral Home 1936 St Louis Ave.

20. FILED MAR 25 1939 W. C. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939, to March 25, 1939.
I last saw him alive on March 24, 1939. Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/13/39
95 B 2 -	

Other contributory causes of importance:

Arteriosclerotic Heart Disease	10/4/27

Name of operation: None Date of:
What test confirmed diagnosis? All Clinical 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
(Signed) J. J. Brennan, M. D.
(Address) 408 Humboldt Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12604

Dr. C. Perennan
408 Humboldt Bldg.
Ph. 4980
2:30 PM to 5:30 Sat

STATEMENT BY LICENSED EMBALMER

I, [signature], Licensed Embalmer No. 3737

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Loron Percy, Registered Apprentice No. 141

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3737

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.)