

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5528 Lisette **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5528 Lisette  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1  
year 1940 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from  
Jan 12, 1938, to Aug 1, 1940  
that I last saw him alive on July 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
arterio. Sclerosis  
Myocarditis etc.

Due to Senility

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature W. Reguibach (M. D. or other)  
Address 4738 Marois Date signed 8/2/40

3. (a) PRINT FULL NAME Louise Heyde **301**  
3. (b) If veteran, name war ----- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Emil Heyde 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased November 13, 1853  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>8</u>	<u>19</u>	hr. _____ min.

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Martin Eidman **6**  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Fries  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Blas Pruth  
(b) Address 5528 Lisette

17. (a) Burial (b) Date thereof 8/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Welderle  
(b) Address 2331 S. Broadway

19. (a) AUG 2 1940 (b) J. F. Wudeck  
(Date received by registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Robert Wheeler  
Licensed Embalmer No. 2128  
P. O. Address St Louis 7

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

**If this body is not embalmed, above space should be left blank.**