

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

29644

Registration District No. 784

Primary Registration District No. 109

Registrar's No.

1591

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3529 Oxford St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Martha vonderHeide 536
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Herman vonderHeide 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 20 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 0 hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name George Moorhouse
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Ann Floyd
15. Birthplace Wales 4
(City, town, or county) (State or foreign country)

16. (a) Informant Adele vonderHeide
(b) Address 5619 Kennerly Ave.

17. (a) Burial (b) Date thereof 8-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 22 1940 (b) M. E. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5619 Kennerly Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th
year 1940 hour 10:15 minute P.M. M.

21. I hereby certify that I attended the deceased from March 27th 1939, to Aug 20th 1940
that I last saw her alive on Aug 19th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration unable to say

Due to Arterio Sclerosis, Semibility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93C

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 _____

Signature Peter A. Beck (M. D. or other) 1
Address 4701 St. Louis Ave Date signed Aug 21-40

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

49017 SST ACWIS
FV: 6756

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 Edwin M. Bernath

Licensed Embalmer No. 3024

P. O. Address

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.)

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