

Registration District No. 791

Secondary Registration District No.

FILED DEC 11 1940

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

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:  
4731 Greer Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 22 yrs.  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4731 Greer Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Emilie Hedinger

3. (b) If veteran, name war No 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 John Hedinger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 12, 1851  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 6 16 hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name William Schmale  
 18. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Johanna STUTTS  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Ida Hedinger  
 (b) Address 4731 Greer Ave.

17. (a) Burial (b) Date thereof Nov. 30, 1940.  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge

19. (a) NOV 29 1940 (b) J. J. Brubaker  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28,  
 year 1940 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from Dec 21 - 30  
 1940, to Nov 28, 1940.

that I last saw her alive on Nov 27, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration For years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
 (Include pregnancy within 3 months of death)

PHYSICIAN

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

Of autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 Peter A. Eck. M.D. (M. D. or other)

Address 4701 St. Louis Ave Date signed 11/29/40

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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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address Othello, Mo

**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.**