

No. 2
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5-17-39
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FILLED OCT 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30424

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7763

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

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town St. Louis.

(c) Name of hospital or institution: City Infirmary, 1939
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution September 29, 1939
(Specify whether 2 years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 13 600

(d) Street No. 5800 Arsenal St. (If rural, give location) 17

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Charles Heidbrink.

3. (b) If veteran, name war Cannot say

3. (c) Social Security No. Cannot say

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 14, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>6</u>	<u>11</u>	hr. _____ min.

9. Birthplace Missouri American
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business X

12. Name Unknown

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant E. Maloney

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 9/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 26 1941 (b) J. J. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 25, day

year 1941. hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from September 29, 1939 to September 25, 1941

that I last saw him alive on September 25, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia Duration _____

Due to Psychosis

Due to Cerebral arteriosclerosis

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN
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 Loren F. Blaney (M. D. or other) MD

Address 5800 Arsenal Date signed 9-26-41

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.....

Henry Eynak

Licensed Embalmer No. *1284*

P. O. Address *St. Louis 7*

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, fact should be so stated above.