No. 2
9-4-41
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X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 4442

Registrar's No. 1280

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:
3520 N. Jefferson Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Clinton 999

(c) City or town Albers "
(If outside city or town limits, write "RURAL")

(d) Street No. CNR.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wilhelmina Heidemann

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 Theodore

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

7. Birth date of deceased May (Month) 17 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	8	22	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Herman Wisel
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown Mille
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant H. Bruegge
(b) Address Breese, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Breese, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) FEB 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th year 1942 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 3, 1942 to Feb 9, 1942 that I last saw her alive on Feb 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & Valvular Endocarditis — Duration 1.

Due to

Due to Diabetics History of 30 yr.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

61 59

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. O. Peter (M. D. ~~or other~~)

Address 2505 No Florissant Date signed 2/10/42

(Licensed Embalmer's Statement on Reverse Side)

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 J. W. Binkley

Licensed Embalmer No. 3653

P. O. Address St. Louis Mo.

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

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 4442
Registrar's No.

State of Mo

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Clinton
(c) City or town Albers (If outside city or town limits, write RURAL)
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) FULL NAME Wilhelmina Beiderman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 77 Months 8 Days 22 If less than one day hr. min.
9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant's own signature
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Feb day 9 year 1942 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from , 19, to , 19: that I last saw h alive on , 19: and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocarditis & valvular Endocarditis ?
Due to Diabetes History of 30 yrs
Due to
Other conditions (Include pregnancy within 3 months of death) 6/

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

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