

FILED APR 17 1942

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **2985**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month - 6 days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County L 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 7
(d) Street No. 6606 Elmer Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Frank Herman Heidel

3. (b) If veteran, name war..... No.
3. (c) Social Security No. 488-10-2488

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Metta 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased February 26 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 6 If less than one day
..... hr. min.

9. Birthplace Affton Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....
11. Industry or business Bowling Business

MOTHER FATHER { 12. Name Charles J. Heidel
13. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Jannewein
15. Birthplace Sappington Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Metta Heidel
(b) Address 6606 Elmer Ave.

17. (a) Burial (b) Date thereof 4/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Walter Heidel

(b) Address 3634 Gravois Ave.

19. (a) 4-3-42 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 26 1942 to April 1 1942

that I last saw him alive on 4-1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Sulfonamide dermatitis - by granulocytes 7 days

Due to Sulfonamide in abdominal wound

Due to.....

Other conditions Peptic ulcer 17
(Include pregnancy within 3 months of death)

Major findings: Duodenal peptic ulcer

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)
(c) Means of injury 0

23. Signature Reweller (M. D. or other) MD.
Address BARNES HOSPITAL Date signed 4/14/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No. *19675*

P. O. Address. *St Louis 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, fact should be so stated above.