

FILED JUL 20 1942

791

Registration District No.

Primary Registration District No.

1003

5829

100
17
9

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 mos. 3 days.
In this community About 29 years
years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN HEIDEL
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Seperated
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased. Feb. 21, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>54</u>	<u>4</u>	<u>17</u>	<u>hr.</u>	<u>min.</u>

9. Birthplace Breese Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Poultry Business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Waterloo Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant deceased
(b) Address City Sanitarium
17. (a) BURIAL (b) Date thereof 7-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindbergh Blvd
19. (a) JUL 9 1942 (b) J. F. Brudick
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4938 Fountain Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8
year 1942 hour 3:11 minute A. M.
21. I hereby certify that I attended the deceased from 7-3-42, 1942, to 7-8-42, 1942;
that I last saw him alive on 7-8-42, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction - 7-2-42
Duration

Due to Annular Carcinoma of Recto sigmoidal junction
Due to General Paresis

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

Major findings: Annular Carcinoma of recto-sigmoidal junction
Of operations -
Of autopsy No.
PHYSICIAN

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) 0
While at work? - (b) Means of injury -
23. Signature Stanley J. Nemes (M. D. or other) M.D.
Address 5300 Arsenal Street Date signed 7/8/42

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:

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

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.