V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4289

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1676

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1334 Shenandoah 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) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, 23 9 (If outside city or town limits, write "RURAL")

(d) Street No. 1334 Shenandoah (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Heidorn

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Heidorn

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased February (Month) 16, (Day) 1864 (Year)

8. AGE: Years 79 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

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

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

16. (a) Informant Margaret Heidorn

(b) Address 1334 Shenandoah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 22 (Day) 43 (Year)

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

18. (a) Signature of funeral director Wacker-Helderle Und Co.

(b) Address 3634 Gravois Avenue

19. (a) FEB 10 1943 (Date received local registrar) J. F. Beedeck (Registrar's signature)

FEB 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1943 hour 9 minute 05 A M.

21. I hereby certify that I attended the deceased from 2-12, 1943, to 2-19, 1943; that I last saw him alive on 2-19, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolism	2 days.
Due to:	
Due to:	
Other conditions: Embolism rt. femoral art. (Include pregnancy within 3 months of death)	2 days.
Apoplexy rt side from	1 year.

Major findings:
Of operations Cerebral Hemorrhage
Of autopsy

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 Eugene H. Edele (M. D. or other) M. D.

Address 3019 So. Jefferson Date signed 2-19-43

(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 Robert C Wheeler

Licensed Embalmer No. 2178

P. O. Address Orlando 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.