S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8377

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3053

96

5 N.R.

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

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:
0 Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 weeks. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6850 Bartmer Ave.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME ERNEST HEIDLAND.

3. (b) If veteran, name war None

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 Zarailla Heidland.

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 25, 1877.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	11	3	hr. min.

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

10. Usual occupation Retired Baker.

11. Industry or business

FATHER
12. Name Frederick Heidland.
13. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)

MOTHER
14. Maiden name Henerietta Draier.
15. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant Mrs. Ernest Heidland.
(b) Address 6850 Bartmer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) MAR 30 1943 (Date received local registrar) (b) J. F. Bisdeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th.
year 1943. hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1943, to Mar. 28, 1943
that I last saw him alive on Mar. 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrum Contusion

Due to Coccus

Due to Intestinal Obstruction

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address 49 [illegible] Date signed

844

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank J. Smith.
Park Lane Memorial Hospital.
Hours 1 to 5 P.M.
Telephone Forest 2825.

MAY 24 1933

AUG 23 1945

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 3454 David C. Gibson, Registered Apprentice No. 346, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St.

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.