V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12234

State File No.

Registration District No. Primary Registration District No. Registrar's No. 3109

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: ********** Minnesota (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 Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 6

(d) Street No. 7918 Minnesota Avenue (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Frederick Heidenreich

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 Widowed

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased July (Month) 20 (Day) 1863 (Year)

8. AGE: Years 80 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Huckster (Retired)

11. Industry or business Himself

MOTHER FATHER

12. Name Frederick Heidenreick

13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

14. Maiden name Unknown ********** 9

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Reinhold

(b) Address 7918 Minnesota Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cem

18. (a) Signature of funeral director C. Hoffmeister U & L Co.

(b) Address 7814 So. Broadway

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31, year 1943 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 1, 1943 to March 31, 1943 that I last saw him alive on March 30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis (Chronic)	4 years
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 0

23. Signature Chas. E. Paule (M. D. or other)

Address 7806 S. Broadway Date signed 4-1-43

(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 Paul A. Thanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Thanklin

Licensed Embalmer No. 3472

P. O. Address 7814 So. Broadway

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.