

FILED SEP 28 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **8330**

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:
3634 De Tonty Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Adolph Heede**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 1, 1887**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	10	16	hr. _____ min.

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

10. Usual occupation **Gardner**

11. Industry or business _____

12. Name **Rudolph Heede**

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

14. Maiden name **Margaret Leicht**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Heede**

(b) Address **3634 De Tonty Street**

17. (a) **Burial** (b) Date thereof **Sept 20, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 So. Grand Blvd.**

19. (a) **SEP 20 1943** (b) **J. F. Bruden**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3634 De Tonty Street**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17**
year **1943** hour **11** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Sept. 10th**, 1943, to **Sept 16th**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Arterio-sclerosis** 10 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) **82**

Major findings: 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) (e) Means of injury _____

23. Signature **C. M. Schunicht** (M. D. or other) **Sept 18**
Address **5752 Rosa Ave** Date signed

000
1719

Duration

7 da

10 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

5182 Rosa

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 *Samy A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette 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.