

FILED NOV 14 1944  
Registration District No. 7944

Primary Registration District No. 3035

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Livingston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
915 South St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette  
(c) City or town Livingston 54  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 915 South St 3  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PAUL H. HEIDENREICH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-20-8451

4. Sex MA 5. Color or race W 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 Oct 1915  
(Month) (Day) (Year)

8. AGE: Years 28 Months 11 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Cleaning (clothing)

11. Industry or business \_\_\_\_\_

12. Name Paul Heidenreich

13. Birthplace Austria  
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Hulls

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

16. (a) Informant Fred Heidenreich Sr.  
(b) Address Livingston, Mo

17. (a) Burial (b) Date thereof 10-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston Mo

18. (a) Signature of funeral director Fred Heidenreich Sr.  
(b) Address Livingston, Mo  
19. (a) Nov-6-1944 (b) Mrs. Fred Schwab  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11  
year 1944 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from 9-30  
1944 to 10-11 1944

that I last saw him alive on 10-11 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to Hypertension

Due to Arteriosclerosis

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

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Fred Heidenreich Sr. (Date or other) 200  
Address Livingston, Mo Date signed 11-2-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9334

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 11-13-17

Shuller

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 Ernest J. Humpel  
Licensed Embalmer No. 32675  
P. O. Address Livingston, Ill

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.