

S. No. 2  
OM-8-43  
v. 5-17-39  
-1 X37823

35284

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 4 1944

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 2236

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS  
(c) City or town WEBSTER GROVES MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 213 EUCLID (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WALTER WALLACE HEIDMAN

3. (b) If veteran, name war NONE 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MILLIE HEIDMAN 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Feb 7 1883  
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation EXTERMINATOR

11. Industry or business EXNER EXT. CO.

12. Name RUDOLPH HEIDMAN

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

14. Maiden name ANNA OJEMAN

15. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie A. Heidman

(b) Address 5403 Longborough

17. (a) BURIAL (b) Date thereof NOV 3 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Perker and Co.

(b) Address Webster Groves Mo

19. (a) Nov 1 1944 (b) E. J. McLauran  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1944 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 83 a 1

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature J. J. Kessner M.D. (M. D. or other) \_\_\_\_\_

Address 601 Brentwood Blvd. Date signed 11/1/44

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

76  
7  
4

**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 W E Morris

Licensed Embalmer No. 3360

P. O. Address.....

**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.**