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0M—5-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39406

Registrar's No. 10992

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:
2111 Mississippi
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2 3

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

(d) Street No. 2111 Mississippi
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME Miss. Delia F. Heideman

3. (b) If veteran, name war --------

3. (c) Social Security No. ---

4. Sex Female

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 May (Month) 10th, (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	7	12	hr. min.

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

10. Usual occupation Church Secretary & Social Worker

11. Industry or business Church

FATHER
12. Name John Heideman
13. Birthplace (City, town, or county) Holland (State or foreign country)

MOTHER
14. Maiden name Fredericka Tieman
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Miss Esther Heideman
(b) Address 2111 Mississippi

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) DEC 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd year 1944 hour 11 minute 30 p. M.

21. I hereby certify that I attended the deceased from Aug. 1 ott. 1942, to Dec 22, 1944; that I last saw her alive on Dec 22, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
General Carcinomatosis

Due to Primary site uterus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Retroperitoneal lymph gland
Of autopsy none

Duration
~~5 mo~~
1 year

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 A. G. Heideman (M. D. or other) M.D.

Address 508 N Grand Date signed 12-23-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Abrah H. Heidema
Je 4140 Metro Bldg
1107 Raleigh Terrace
Hi. 0182

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave.

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.