DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1945

Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5767

State File No. 17503

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural, South River Twp.
(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 No (Specify whether
In this community Seven Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State Missouri (b) County Marion /

(c) City or town Rural /
(If outside city or town limits, write "RURAL")

(d) Street No. South River Township
(If rural, give location)

(e) Citizen of foreign country? No. 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Heidbreder

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Dieks

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

7. Birth date of deceased June (Month) 17 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	10	19	hr. min.

9. Birthplace (City, town, or county) (State or foreign country) 4

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Frederick W. Heidbreder
13. Birthplace (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name No record
15. Birthplace (City, town, or county) No record (State or foreign country) 9

16. (a) Informant B.H. Heidbreder
(b) Address Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lewis Brad
(b) Address Palmyra, Mo.

19. (a) 5-10-45 (Date received local registrar) (b) E.M. Lucke (Registrar's signature)

1394

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1945 hour 7 minute 20 A M.

21. I hereby certify that I attended the deceased from 2-Jan
Past, 19__, to May 6, 1945
that I last saw him alive on May 6, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
With Edema

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 930

Of autopsy

Duration

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 F.G. Roselle (M. D. or other) MD

Address Palmyra Mo Date signed

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Leo B. Lewis

Licensed Embalmer No. 9382

P. O. Address Salisbury Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit! the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
45
43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Joshua

Registration District No. ( )

Primary Registration District No. ( )

Registrar's No.

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural South River Twp
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Edward Heidbreder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 1 (Day) 1866 (Year)

8. AGE: Years 75 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) E. M. Ludlow (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month day
year hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

17503