S. No. 2
0M—2-43
v. 5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22037
State File No.

FILED AUG 3 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

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:
Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17 10
(d) Street No. 4229a College Ave. 4
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Heideman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June 19, 1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	6	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Albert Heideman

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

MOTHER

14. Maiden name Caroline Stolle

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

16. (a) Informant Miss Ida Heideman
(b) Address 4229a College Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) JUL 27 1945 (Date received locally registered) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th
year 1945 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from July 1, 1945, to July 25, 1945
that I last saw her alive on July 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation — Duration
Due to Chronic myocarditis
Due to Asthma
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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature C. H. Kelley (M. D. or other)
Address 212 N. Grand Date signed 7/26/45

(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.....

Licensed Embalmer No. 2927

P. O. Address St Louis Mo

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.