

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

24987

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 2170

Registration District No. 317 Primary Registration District No. 3069

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Marys Hospital 0
(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 Missouri (b) County St. Louis
 (c) City or town City of St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 8300 So. Broadway 7
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME HENRY HEIDEMAN
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex male 0 5. Color or race white
 6. (a) Single, widowed, married, divorced married/

6. (b) Name of husband or wife Anna Heideman
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 4th 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	2	18	hr. min.

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

10. Usual occupation cabinet maker

11. Industry or business _____

12. Name Herman Heideman

13. Birthplace Germany 11
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany 11
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Heideman

(b) Address 8300 So. Broadway

17. (a) burial (b) Date thereof 10-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Southern Funeral Home

18. (a) Signature of funeral director 6322 South Grand Blvd.

(b) Address _____

19. (a) OCT 25 1944 (b) E. S. Mc
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 22nd
 year 1944 hour 10:30 minute _____ a. M.

21. I hereby certify that I attended the deceased from Sept. 4, 1944 to Oct. 22, 1944
 that I last saw him alive on Oct. 22, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion 6 wks.

Due to _____
9 yrs

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

Major findings:
 Of operations _____
 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?

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

23. Signature E. J. Vellman (M. D. or other) MD
 Address 15 W. Blywood Webster Date signed 10/23/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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Dr. Hallman
55 West Big Bend
1 P.M. To 4 P.M.

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: *Virgil L. Berryman*
Licensed Embalmer No. *4018*
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.