

FILED SEP 28 1945

Registration District No. _____ Primary Registration District No. _____

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17
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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:
Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether _____)

In this community 46 years
years, months or days

3. (a) PRINT FULL NAME August W. Heidenreich

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-03-3007

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Louise Friedrich 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September 17, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|----|----|----------------|
| 68 | 11 | 28 | hr. _____ min. |
|----|----|----|----------------|

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

10. Usual occupation Beer Bottler

11. Industry or business Anheuser-Busch, Inc.

MOTHER FATHER

12. Name August heidenreich

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

14. Maiden name Caroline Mehle

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

16. (a) Informant Mrs. Louise Heidenreich

(b) Address 4635 Tyrolean

17. (a) Burial (b) Date thereof 9/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Luth. Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) SEP 18 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

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

(d) Street No. 4635 Tyrolean
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14,
year 1945 hour 11: minute 50 P. M.

21. I hereby certify that I attended the deceased from July 23, 1945 to Sept 14, 1945
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of the stomach
Chronic effusion (wt).
Due to Sclerosis
Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) 46

Duration
1 yr
3 wks
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 4738 Edison Date signed 9/27/45

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..... *Delix J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St Louis*

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.