

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11217

State File No. \_\_\_\_\_

FILED MAR 30 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 2842

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:  
Jewish Hospital  
(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

3. (a) PRINT FULL NAME Amanda Heidbreder

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 married

6. (b) Name of husband or wife Edwin W. Heidbreder

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct. 25 1887  
(Month) (Day) (Year)

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

58 4 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Otto Fischer

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

14. Maiden name Katie Schaub

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

16. (a) Informant Edwin W. Heidbreder

(b) Address 5930 Schulte Ave

17. (a) Burial (b) Date thereof 3-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freidens Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAR 26 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

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

(d) Street No. 5930 Schulte Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23  
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 24, 1945, to March 23, 1946  
that I last saw her alive on March 23, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to \_\_\_\_\_

Other conditions: Diabetes mellitus  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Cerebral hemorrhage  
arteriosclerosis, cholesterol, diabetes

22. If death was due to external causes, fill in the following: Uronic

(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)

(c) Means of injury \_\_\_\_\_

23. Signature Frank G. [Signature] (M. D. or other) \_\_\_\_\_

Address 4500 [Signature] Date signed 3/24/46

---

---

**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 Albert R. Thompson  
Licensed Embalmer No. 4227  
P. O. Address 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.**