S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1946

State File No. 29586

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1018

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Mo 9 da (Specify whether years, months or days)
In this community: 2 mo. 9 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson 11
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 1
(d) Street No. 3145 Central (If rural, give location) 7
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Charles John Heidenreich

3. (b) If veteran, name war: -
3. (c) Social Security No.: -

4. Sex: M O
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Separated
6. (b) Name of husband or wife: Margaret Heidenreich
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feby (Month) 25 (Day) 1881 (Year)

8. AGE: Years 65 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace: Gurney (City, town, or county) Ill (State or foreign country) 1
10. Usual occupation: Mgr Western Union
11. Industry or business
FATHER
12. Name: Chas Heidenreich 4
13. Birthplace: (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name: Lottie Miller
15. Birthplace: (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant: Mrs Margaret Heidenreich
(b) Address: 658 S. Mrn Los Angeles Calif
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City, Mo.
18. (a) Signature of funeral director: Quirk + Tobin
(b) Address: Kansas City Mo.
19. (a) Sept. 10, 1946 (Date received local registrar) (b) H J Nettlebrook (Registrar's signature) By V.N.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1946 hour 2 20 minute a M.
21. I hereby certify that I attended the deceased from Sept 5, 1946, to Sept 8, 1946; that I last saw him alive on Sept 8, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	4 da
Due to: Chronic Alcoholism	yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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: C
23. Signature: L. I. Shuck (M. D. or other) M.D.
Address: State Hosp # 2 St Joseph Mo. Date signed 9/8/46

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(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. Howard Garner

Licensed Embalmer No. 3441

P. O. Address. Reno

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.