

FILED NOV 19 1946

Registration District No. 116

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

36585

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

Registrar's No. 118

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 hours  
(Specify whether  
In this community 2 hours  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Gasconade 37  
(c) City or town Hermann  
(If outside city or town limits, write "RURAL")  
(d) Street No. 223 E. 1st St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PAUL ALFRED HEIDMANN

3. (b) If veteran, name war ---- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della Heidmann 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March 6 1896  
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 2 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Restaurant Operator

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

12. Name Charles Heidmann

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

14. Maiden name Louisa Biermann

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

16. (a) Informant Mrs. Della Heidmann

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 11-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Stegost, Dummer

(b) Address Hermann, Missouri

19. (a) 11/10/46 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8<sup>th</sup>  
year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1946 to Nov 8 1946  
that I last saw him alive on Nov 8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Coronary Occlusion  
Essential Hypertension

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94P

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature John B. Ryan (M. D. or other) \_\_\_\_\_

Address Hermann, Mo Date signed 11/9/46

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

MOTHER FATHER

94

RECEIVED  
District Health Officer, NORTON,  
DISTRICT FILE NUMBER  
Date Filed 11/15/46  
FEB 6 1947

JUN 30 1950

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 Hugot Olesner  
Licensed Embalmer No. 3160  
P. O. Address Hermann, 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.