

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

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

Wh. C. E. Sterling
41988
State File No. _____
Registrar's No. 3463

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Vinita Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8234-Buchanan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 21-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Vinita Park
(If outside city or town limits, write "RURAL")
(d) Street No. 8234-Buchanan Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman A. Heidenreich
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mamie A. 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 1 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 3
year 1946 hour 10 minute 40 A. M.
21. I hereby certify that I attended the deceased from Nov. 14 1946 to Dec 3 1946
that I last saw him alive on Dec 2 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Duration 19 days

8. AGE: Years Months Days If less than one day
74 9 2 hr. min.

Due to 940
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation Retired Machinist

11. Industry or business _____

12. Name Carl Heidenreich

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

14. Maiden name Bertha Stolz

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

16. (a) Informant Mamie A. Heidenreich

(b) Address 8234-Buchanan Overland-14-Mo

17. (a) Cremation (b) Date thereof 12-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Bannan Bros. Inc.

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) 12-9-46 (b) Ruth Miller
(Date received local registrar) (Registrar's signature)

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

20. 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? _____

21. 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) (c) Means of injury _____

23. Signature C. E. Sterling (M. D. or other) MO

Address 2050 North South Rd Date signed 4 Dec 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..... *Harold K. Braun*

Licensed Embalmer No..... *4337*

P. O. Address..... *Overland, 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.