

FILED DEC 23 1946

318

Primary Registration District No. **1003**

Registrar's No. **10797**

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:
4434 Red Bud
 (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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4434 Red Bud Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Amanda Heidemann

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 Widow

6. (b) Name of husband or wife Late George Heidemann

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

7. Birth date of deceased May 21 1864
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	82	6	22	hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Frank Poetting

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

14. Maiden name Katherine Panhorst

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

16. (a) Informant Ivy Heidemann

(b) Address 4434 Red Bud

17. (a) Burial (b) Date thereof Dec 16 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Nat. Bridge Blvd

19. (a) DEC 17 1946 J. F. Brebeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
 year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1 to Dec. 4, 1946
 that I last saw h. alive on Dec. 4 and that death occurred on the date and hour stated above.

Immediate cause of death: Chon Endocarditis
Septic Arterial
Sclerosis
 Duration 4/50y.

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

Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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? _____

While at work? _____ (Specify type of place)
 (d) Means of injury _____

23. Signature W. Florent (M. D. or other)
 Address 4244 Date signed 12/14/46

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

2
3
99
3697

26207

2007
2007
2007

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 Ralph C. Linders

Licensed Embalmer No. 7275

P.O. Address St. Louis, 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.