S. No. 2
(—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18924

Registrar's No. 5509

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4202 Lawn Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 4202 Lawn Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William John Heidloff
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race W.
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Sarah Heidloff
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 23 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
87	7	11	hr. min.

9. Birthplace Quincy Ill (City, town, or county) (State or foreign country)
10. Usual occupation Wood warker
11. Industry or business
12. Name Adam Heidloff (FATHER)
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Katherine Cody (MOTHER)
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Selma Hausman
(b) Address 4202 Lawn Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Quincy Ill
18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd
19. (a) JUN 3 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1947 hour 3 A.M. minute M.
21. I hereby certify that I attended the deceased from Feb 1944, to 1946 that I last saw him alive on Oct 25 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Heart Disease	3 Hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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
23. Signature Lawrence M. Greenberg (M. D. or other)
Address 462 No. Taylor Date signed St. Louis, Mo.

Jefferson City Printing Co. (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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address .....

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.