

S. No. 2
 1-12-45
 7-5-17-39
 1 X47070

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

FILED MAY 29 1947 **318**

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1521 East Grand Avenue
(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 65 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1521 East Grand Boulevard
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Bertha Heidorn
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 15th
 year 1947 hour 2 minute 08 A.M.
 21. I hereby certify that I attended the deceased from May 12 1947
1947, 19____, to May 15 1947
 that I last saw her alive on May 14 1947
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fred W. Heidorn
 6. (c) Age of husband or wife if alive 87 years
 7. Birth date of deceased May 10th 1864
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 4 days
 Due to Atherosclerosis 8 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

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

9. Birthplace Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Housework

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

11. Industry or business _____
 12. Name Rodger Schmalmack
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Christine Ruge
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Walter D. Heidorn
 (b) Address 4565 Red Bud Avenue

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? _____

17. (a) Burial (b) Date thereof May 17, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Saint Marcus Cemetery

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

18. (a) Signature of funeral director Calvin F. Feutz
 (b) Address 4828 natural Bridge Boulevard
 19. (a) MAY 16 1947 (b) J. F. Brebeck
(Date received local health officer's report) (Registrar's signature)

23. Signature J. F. Brebeck (M. D. or other) _____
 Address 4500 Olive St Date signed May 15 1947

4500 Bellvue St.
Dexter Bellvue
2:45 p.m.
Ro. 1866

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 John A. M... ..
Licensed Embalmer No. 486
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.