No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10265

FILED APR 12 1948

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3197

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

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

3. (a) PRINT FULL NAME Ferdinand Heidorn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Bettha Heidorn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 4th, 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	2	27	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Retired Butcher
11. Industry or business
FATHER
12. Name Ferdinand Heidorn
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Walter D. Heidorn
(b) Address 4563 Red Bud Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard
19. (a) APR 2 (Date received local registrar) (b) J. T. Bradley (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 1st day
year 1948 hour 12 minute 05 A. M.

21. I hereby certify that I attended the deceased from Mar 20 48 to April 1 1948
that I last saw him alive on Mar 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fracture left hip	40 days
Due to Fall	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis	

Major findings of operation
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) Accident
(b) Date of occurrence February 20 1948
(c) Where did injury occur? Home (City or town) St. Louis (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature Wm. Carlson M. D. (Coroner or other)
Address 1537 Dr. Date signed 4/1/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

1537 S. Grand Blvd.,
1 to 3:00 P. M.

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. Milner

Licensed Embalmer No. 4186

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.