

Registration District No. **318**

Primary Registration District No. **1003**

13

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

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: **Paramount Hat Co.** **3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... **Life** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**

(d) Street No. **4269 Juniata Ave** **0**
16 (If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **Edward F. Heidemann**

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..... **Married**

6. (b) Name of husband or wife..... **Elizabeth Heidemann Nee Wellerdick** 6. (c) Age of husband or wife if **72** years

7. Birth date of deceased..... **December 23rd, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	77	5	3hr.min.

9. Birthplace..... **Saint Louis, Missouri** **7**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Clerk**

11. Industry or business..... **Paramount Hat Company**

12. Name..... **Fred Heidemann** **4**

13. Birthplace..... **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Elizabeth Heidemann**

(b) Address..... **4269 Juniata Avenue**

17. (a) **Burial** (b) Date thereof..... **5/29/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peters Cemetery**

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

(b) Address..... **4828 Natural Bridge**

19. (a) **MAY 27 1948** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day **26**
year..... **1948** hour..... **8³⁰** minute..... **30 A.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Duration

Immediate cause of death.....
Chronic Coronary Heart Disease

Due to.....

Due to..... **94^a**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... **3**

23. Signature..... **Patrick E. Taylor Sep Cow** (M. D. or other)
1300 Clark Date signed..... **5-27-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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. Miller

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.