DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23806

Primary Registration District No. 3052

Registrar's No. 199

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 311 E. Broadway
(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: 26 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis

(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No.: 311 E. Broadway
(If rural, give location)

(e) Citizen of foreign country? Nos (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: HERMAN H. HEIDBREDER

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Marie

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

7. Birth date of deceased: October (Month) 20, (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	8	14	..... hr. ..... min.

9. Birthplace: Quincy (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Minister

11. Industry or business .....

FATHER
12. Name: William G. Heidbreder
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Hannah Budde
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Marie Heidbreder
(b) Address: Sedalia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Quincy, Ill.

18. (a) Signature of funeral director: Geo. Dillard
(b) Address: Sedalia, Mo.

19. (a) 7-6-48 (Date received by local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1948 hour 3 30 minute a M.

21. I hereby certify that I attended the deceased from Nov, 1947, to July 4, 1948; that I last saw him alive on July 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic adeno carcinoma generalized over body — Duration

Due to: Adeno-carcinoma of Transverse Colon

Due to: .....

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

Major findings:
Of operations: Carcinoma of Colon removed 1947
Of autopsy: —

PHYSICIAN — 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) (e) Means of injury: O

23. Signature: A. L. Walter (M. D. ~~or other~~) MD
Address: Sedalia Mo Date signed 7-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-23-48

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. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.