

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 24356
Registrar's No. 6779

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

3. (a) PRINT FULL NAME Lucille Heiderschild
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emil Heiderschild
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December 6, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 24 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER, FATHER {
12. Name ? Gehringer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Emil Heiderschild
(b) Address 2213 S. 2nd St.

17. (a) Cremation (b) Date thereof 8-3-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) AUG 2 - 1948 (b) J. E. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County foo
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2213 S. 2nd St.
(If rural, give location)
(e) Citizen of foreign country? 23 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 30
year 1948 hour 4 minute 19 P.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.

Immediate cause of death Cerebral Abscess. Duration _____
Chronic Adhesive Pericarditis
Due to Cause of abscess not known
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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?

23. Signature Thomas E. ... M. D. or other _____
Address _____ Date signed 8/2/48

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.....

J. Allen Davis Jr.

Licensed Embalmer No.....

4053

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.