

No. 2
2-45
7-39
X47070

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

1. PLACE OF DEATH:

(a) County ST. CHARLES

(b) City or town ST. CHARLES, RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
EVANGELICAL EMMAUS HOME 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 MONTHS 14 DAYS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA HEIDENREICH

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 WIDOWED

6. (b) Name of husband or wife HENRY HEIDENREICH 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 13 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>2</u>	<u>21</u>	hr. min.

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business _____

12. Name ADAM OPEL 4

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE BECKER

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Theophil Stalcker

(b) Address ST. CHARLES, MO.

17. (a) Burial (b) Date thereof 10/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director [Signature]

(b) Address 3402 N. Flyschweg

19. (a) 10/22/48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4874 LEE AVENUE
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 4
year 1948 hour 6.25 minute P. M.

21. I hereby certify that I attended the deceased from Sept 15th, 1948 to Oct 4th, 1948.
that I last saw her alive on Sept 30th, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Coronary occlusion</u>	
Due to _____	
<u>Myocardial insufficiency</u>	
Due to _____	
Other conditions <u>Gen. Arterio sclerosis</u>	
(Include pregnancy within 3 months of death)	
Major findings: Of operations _____	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy <u>[Signature]</u>	

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 _____

23. Signature [Signature] (M. D. or P. M.)
Address St. Charles, Mo. Date signed 10/4/48

Date Filed
OCT 28 1948

EXHIBIT NO. 9

OCT 30 1948

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.....

working under my personal supervision.

Registered Apprentice No.

Signed *Etton H. Peneluis*

Licensed Embalmer No. *4283*

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.

167-0801-1911