FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34245

FILED OCT 18 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8721

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5963 Oakhurst
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fred Heyde Sr

3. (b) If veteran, name war W.W.# 2

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 Norma Weigel

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased July 16, 1924
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
24	2	20	hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business Food Processing Factory

FATHER

12. Name Charles Heyde Sr

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

MOTHER

14. Maiden name Rose ?

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

16. (a) Informant Mrs Norma Heyde

(b) Address 5963 Oakhurst St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill-Belleville, Ill.

18. (a) Signature of funeral director Geo Renner

(b) Address Belleville, Ill.

19. (a) OCT 7 1948 (Date received local registrar) (b) J B Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th
year 1948 hour 11:07 minute 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.

Immediate cause of death Electrocution while working in the boiler room of the Blanton Co.

Due to 3400 N. Wharf St. taking a measurement of a conduct

Due to to be replaced and while standing on an iron ladder

Other conditions he came ~~in contact~~ in contact with a wire

(Include pregnancy within 3 months of death)

Major findings:
Of operations on which he was working around 11:07

Of autopsy A M Oct 6, 1948

Duration

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 Oct 6, 1948

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial Place
(Specify type of place)

While at work? Yes (e) Means of injury see above

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 10/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2 1950

OCT 19 1948

OCT 19 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 Not embalmed, Registered Apprentice No. working under my personal supervision.

Signed Geo. Renner

Licensed ~~Embalmer~~ No. 2314

P. O. Address Belleville, Ill.

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

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