

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23009

State File No.

36
6
2

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u> c. LENGTH OF STAY (in this place) <u>4 days.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> d. STREET ADDRESS (If rural, give location) <u>218 Elm St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolph</u> b. (Middle) <u>Julius</u> c. (Last) <u>Heidmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 5, 1894</u>
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR <u>6</u> Months <u>17</u> Days	IF UNDER 24 HRS. <u></u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business Man.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern.</u>	11. BIRTHPLACE (State or foreign country) <u>Gerald, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles A. Heidmann.</u>	
13b. MOTHER'S MAIDEN NAME <u>Louisa Biermann.</u>		14. NAME OF HUSBAND OR WIFE <u>Olga C. Heidmann.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>489-14-5553</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Olga C. Heidmann</u>		ADDRESS <u>Washington, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wernia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. nephritis</u> DUE TO (c) <u>Osse nephritis larvae</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>4 years</u> <u>542X</u> <u>40 years</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 17, 1949</u> to <u>July 22, 1949</u> , that I last saw the deceased alive on <u>July 22, 1949</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Washington Mo</u>	
23c. DATE SIGNED <u>7-23-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 25, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Evang. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>		DATE REC'D BY LOCAL REG. <u>July 23, 1949</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>990 Nieburg & Vatt, Inc</u>	
ADDRESS <u>Washington, Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

District File Number _____
District Health Officer No. 9,
AUG 1 1949
RECEIVED

AUG 8 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *A. P. Winberg* _____

Licensed Embalmer No. *2387* _____

P. O. Address *Washington, Pa* _____

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.