

FILED AUG 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 26330

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>2165</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (If this place) <u>3 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Bellevue</u>				d. STREET ADDRESS (If rural, give location) <u>571 Bellevue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Allison</u> c. (Last) <u>Hederbrand</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb-21-1876</u>		
9. AGE (In years last birthday) <u>73</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Cement</u>		11. BIRTHPLACE (State or foreign country) <u>Hederbrand Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Alphonse</u>			13b. MOTHER'S MAIDEN NAME <u>Colburne Probst</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Olmer Hederbrand, 571 St. Bellevue</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension Cardiac-vascular disease with arteriosclerosis Syst</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Summed</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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>Aug 1</u> , 19 <u>49</u> , to <u>Aug 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 1</u> , 19 <u>49</u> , and that death occurred at <u>5:15 am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Olmer Hederbrand MD</u>				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>8/9/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 8-1949</u>		24c. NAME OF CEMETERY OR EXHUMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-16-1949</u>		REGISTRAR'S SIGNATURE <u>T. C. Sumner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Howell</u>		ADDRESS <u>Cape Gir. Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

Hilderbrand? 16
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED 8-22-49

Health Officer No. 4

License No. 849-1102

City St. Louis

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 Joe E. Hoover

Licensed Embalmer No. 3390

P. O. Address Cape Girardeau

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.