

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28142
State File No. 7612

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN ST. LOUIS MO	c. LENGTH OF STAY (in this place) 23 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSP. #1. 11		d. STREET ADDRESS (If rural, give location) 2421 BLAIR AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) HENRY c. (Last) HEIDEMANN.			4. DATE OF DEATH (Month) (Day) (Year) AUG 31 ST 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH DEC. 24 TH 1916	9. AGE (In years last birthday) 32. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER		10b. KIND OF BUSINESS OR INDUSTRY WERNER METAL CO.		11. BIRTHPLACE (State or foreign country) GERMANTOWN, ILL.	
13a. FATHER'S NAME HENRY T. HEIDEMANN			13b. MOTHER'S MAIDEN NAME SOPHIA FRERKER		14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY (If yes, give war or dates of service) NONE 493-01-8167	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Sophie Heidemann 2421 Blair Ave.			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of lungs throughout		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suffocation; Epilepsy		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2538

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:10^{PM} m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Samuel E. Jay</i>	23b. ADDRESS 1360 Clark Ave	23c. DATE SIGNED 9-2-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT 3 RD 1949	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		

DATE REC'D BY LOCAL REG. SEP 2 1949	REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brockland Ind. Co. 1827 HOGAN STR
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis

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.