

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14607

State File No. 3443

#110243

318

1003

No. 300
10-48

BIRTH NO. #110243		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3443		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2109		d. STREET ADDRESS (If rural, give location) 4023 Ashland.		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.								
3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) HEIDEMANN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 13th, 1950					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 12-12-1899		
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 4		IF UNDER 1 HR. Hours 1				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR			10b. KIND OF BUSINESS OR INDUSTRY FURNITURE CO		11. BIRTHPLACE (State or foreign country) St. Louis MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HERMAN HEIDEMANN			13b. MOTHER'S MAIDEN NAME NOT KNOWN			14. NAME OF HUSBAND OR WIFE EMMA HEIDEMANN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MAYME FORSTING ADDRESS 4023 ASHLAND			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hemorrhagic Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) H-H-H-X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 4/6/50 to 4/13/50, 1950, that I last saw the deceased alive on 4/13/50, 1950, and that death occurred at 6:25 AM m., from the causes and on the date stated above.								
23a. SIGNATURE (Doctor or All) J. B. Sasater				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 4/16/50		
24a. BURIAL/CREMATION REMOVAL (Specify) Burial		24b. DATE 4-15-50		24c. NAME OF CEMETERY OR CREMATORY ZIONS CEMETERY		24d. LOCATION (City, town, or county) (State) St. Louis County MO		
DATE REC'D BY LOCAL REG. APR 14 1950		REGISTRAR'S SIGNATURE J. B. Sasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Ron La. Co 2707 N. Grand			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Stanley H. Dixon

Signed.....

Student Embalmer

Licensed Embalmer No. *4193*

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.