

FILED OCT 18 1950 STANDARD CERTIFICATE OF DEATH

State File No. 34873
8357
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. 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 (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 54 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital			17. STREET ADDRESS (If rural, give location) 3969 Blaine		
3. NAME OF DECEASED (Type or Print) a. (First) HUGO		b. (Middle) HANHEIDE	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2 1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Meats	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Fred Hanheide		13b. MOTHER'S MAIDEN NAME Mary Lenz	14. NAME OF HUSBAND OR WIFE Idell Wagner Hanheide		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-05-7107	17. INFORMANT'S SIGNATURE OR NAME Mrs. Idell Hanheide, 5125 Shaw		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction					4 wks
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
			DUE TO (b) Pulmonary Edema		
			DUE TO (c)		
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? H201		
22. I hereby certify that I attended the deceased from June 21, 19 48, to Oct. 2, 19 50, that I last saw the deceased alive on Oct. 2, 19 50, and that death occurred at 8:30p. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Check R. R. ...		23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 10/3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 5 1950	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. OCT 4 1950		REGISTRAR'S SIGNATURE J. B. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWILDEN F.H. INC. 1936 St. Louis Ave.	

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

12:25-744

none

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 *Richard J. Krupin*

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.