

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18168**  
Registrar's No. **4282**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sikeston</b>		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>711 N. Kingshighway</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>William</b>		b. (Middle) <b>A.</b>		c. (Last) <b>Heyde</b>	
4. DATE OF DEATH		(Month) <b>May</b>		(Day) <b>4</b>		(Year) <b>1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>10-28-1882</b>	
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Plantation</b>		11. BIRTHPLACE (State or foreign country) <b>O'Fallon Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Philip Heyde</b>			13b. MOTHER'S MAIDEN NAME <b>Gertrude Tiedermann</b>			14. NAME OF HUSBAND OR WIFE <b>Ella Heyde</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>W.A. Heyde Jr Jackson Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of middle cerebral artery - left</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerosis</b>  DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Subtotal gastrectomy for ulcers.</b>						<b>7 days</b>	
19a. DATE OF OPERATION <b>4/27/51</b>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>332X</b>			
22. I hereby certify that I attended the deceased from <b>4/25</b> , 19 <b>51</b> , to <b>5/4</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>5/4</b> , 19 <b>51</b> , and that death occurred at <b>8:50A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H.R. Bradley</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>5/4/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 6 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAY 7 1951</b>		REGISTRAR'S SIGNATURE <b>J.B. Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland Mortuary Service Inc.</b>			

(Licensed Embalmer's Statement on Reverse Side) ESTER AVE.

ST. LOUIS 10, MO.

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

DEC 14 1967

MAY 22 1968

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 Ronald J Yahnke

Signed.....  
Student Embalmer

Licensed Embalmer No 3917

P. O. Address St Louis, Mo

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.