

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39128

FILED DEC 8 - 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10519**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Missouri</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>3842 Lee Avenue</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>SOPHIA</b>	b. (Middle) <b>M.</b>	c. (Last) <b>HEIDENFELDER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 25, 1951</b>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 10, 1881</i>	9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Washington, Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>John Filla</i>	13b. MOTHER'S MAIDEN NAME <i>ANASTASIA FILLA</i>	14. NAME OF HUSBAND OR WIFE <i>Louis E. Heidenfelder</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>None</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Louis E. Heidenfelder</i>	ADDRESS <i>3842 Lee Ave</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Vascular Disease</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Rupture of Cerebral Artery</i> 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"/>
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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)
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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? <i>3-30X</i>
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22. I hereby certify that I attended the deceased from *11-24-51*, 19\_\_\_, to *11-25-51*, 19\_\_\_, that I last saw the deceased alive on *11-25-51*, 19\_\_\_, and that death occurred at *6:25A m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>E. P. Shyman</i>	(Degree or title) <i>M. D. U</i>	23b. ADDRESS <i>1515 Lafayette Avenue</i>	23c. DATE SIGNED <i>11-26-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11-28-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
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DATE REC'D BY LOCAL REG. <b>NOV 26 1951</b>	REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. A. Stock</i>	ADDRESS <i>2117 E. Grand Blvd.</i>
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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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.