

FILED APR 4 1953

STANDARD CERTIFICATE OF DEATH

State File No. **11678**
Registrar's No. **3287**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge		d. STREET ADDRESS (If rural, give location) 17 3223a Eads	
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) L c. (Last) Heidemann			4. DATE OF DEATH (Month) (Day) (Year) 3 - 26 - 53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 24 1897
9. AGE (In years last birthday) 55		10. KIND OF BUSINESS OR INDUSTRY Plumber	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Heidemann		13b. MOTHER'S MAIDEN NAME Elizabeth Wilderdick	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Heidemann ADDRESS 3223a Eads	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 14 1/2 hrs. *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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 4201		22. I hereby certify that I attended the deceased from 3-25 , 19 53 , to 3-26 , 19 53 , that I last saw the deceased alive on 3-26 , 19 53 , and that death occurred at 2:30 P m. , from the causes and on the date stated above.	
23a. SIGNATURE H. P. Brown Jr. (Degree or title) 0		23b. ADDRESS 1325 So. Grand	
23c. DATE SIGNED 3-26-53		24a. BURLIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Mar 30, 53		24c. NAME OF CEMETERY OR CREMATORY St. Peters	
24d. LOCATION (City, town, or county) (State) St. Louis Cty Mo		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur ADDRESS 3125 Lafayette	
DATE REC'D BY LOCAL REG. MAR 27 1953		REGISTRAR'S SIGNATURE J. Carl Smith Mo	

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 *Joseph B. Vallance*

Licensed Embalmer No. 41014

P. O. Address 3125 Lafayette

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.