

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

11679

3251

BIRTH NO. ....		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. ....					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Saint Louis</u> )				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u> <u>2209</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2510 W. Palm Street, 7,</u>				d. STREET ADDRESS (If rural, give location) <u>20</u> <u>2510 W. Palm Street, 7,</u>							
3. NAME OF DECEASED (Type or Print) <u>LOUISA</u>			a. (First)			b. (Middle)			c. (Last) <u>HEIDEMAN</u>		
4. DATE OF DEATH <u>March 25th, 1953</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		
8. DATE OF BIRTH <u>November 11th, 1883</u>			9. AGE (In years last birthday) <u>69</u>			IF UNDER 1 YEAR Months			IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Casper Schaefering</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>Late Frederick Heideman</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Heideman, 2510 W. Palm Street, 7,</u>				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic Myocarditis</u> <u>Anterior MI</u> <u>Chronic Myocarditis</u> <u>Anterior MI</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1-2-51</u> <u>1-2-51</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>4221</u>			
22. I hereby certify that I attended the deceased from <u>March 9, 1953</u> to <u>March 25, 1953</u> , that I last saw the deceased alive on <u>March 25, 1953</u> , and that death occurred at <u>21458</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Kenneth Dymna</u>				23b. ADDRESS <u>M.A.O. 9802 N. Grand Blvd</u>				23c. DATE SIGNED <u>3-25-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				24b. DATE <u>3/27/53</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Sp. Peters Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>				ADDRESS <u>4828 Natural Bridge Blvd.</u>			
DATE REC'D BY LOCAL REG. <u>MAR 26 1953</u>				REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>			

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

Leave certificate with him at noon today  
and pick it up later today. (before 2:00pm)

File in City

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 Ralph E. Linders

Licensed Embalmer No. 4275

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.