

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11681

State File No.

2158

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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 townships) OR TOWN <u>St. Louis,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u> <u>2089</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Altenheim</u>		d. STREET ADDRESS (If rural, give location) <u>8721 Halls Ferry Road</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Katherine</u>	b. (Middle)	c. (Last) <u>Heidorn</u>	(Month) <u>Feb-</u>	(Day) <u>24-</u>	(Year) <u>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>Nov-6-1868</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A./</u>

13a. FATHER'S NAME <u>George Wild</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Huberkorn</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Heidorn</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Meyer 8721 Halls Ferry Road</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u> <u>10 yrs</u> <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumo-pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Bronchitis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Ingers and other.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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? <u>5021</u>

22. I hereby certify that I attended the deceased from 1947, 19 , to Feb 24, 1953, that I last saw the deceased alive on Feb 20, 1953, and that death occurred at 12:40pm., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Givens</u> (Degree or title)	23b. ADDRESS <u>8209 S. Broadway</u>	23c. DATE SIGNED <u>2/24/53</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb-26-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>New Athens, Illinois</u>		

DATE REC'D BY LOCAL <u>FEB 25 1953</u>	REGISTRAR'S SIGNATURE <u>R. C. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden Funeral H. 1936 St. Louis</u>
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(Licensed Embalmer's Statement on Reverse Side)

Avenue

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

5

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 Max L. Warfel

Licensed Embalmer No. 4170

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.