

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10601

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 100 Registrar's No. 554

1. PLACE OF DEATH a. COUNTY St. Louis Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin		c. CITY OR TOWN Ballwin 474 P	d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 yr		STREET ADDRESS Pine Crest Nursing Home <i>(If rural, give location)</i> St. Louis County	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Alma	b. (Middle) Elizabeth	c. (Last) Heidbrink	(Month) March	(Day) 5	(Year) 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan. 28 1876		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housework	9. AGE (In years last birthday) 79		IF UNDER 1 YEAR 1 Days
11. BIRTHPLACE (City and State or Foreign Country) U. S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		IF UNDER 24 HRS. 7 Hours Min.	

13a. FATHER'S NAME Henry Heidbrink		13b. MOTHER'S MAIDEN NAME Louisa Trappe		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. unk.		17. INFORMANT'S SIGNATURE OR NAME Mr. Fred Kamper	
				ADDRESS Union, Mo.	

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) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Hypertensive heart disease		
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 443X		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1950, to March 5, 1955, that I last saw the deceased alive on March 4, 1955, and that death occurred at 3:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE R. H. Hanson M.D.		(Degree or title)		23b. ADDRESS 432 Newport - Webster Groves		23c. DATE SIGNED 3-5-55	
24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL		24b. DATE 3-7-55		24c. NAME OF CEMETERY OR CREMATORY St. John's Mantels		24d. LOCATION (City, town, or county) (State) Union, Mo.	

DATE REC'D BY LOCAL REG. 3/5/55		REGISTRAR'S SIGNATURE Heber K. Amberg		25. FUNERAL DIRECTOR'S SIGNATURE E. F. Altman		ADDRESS Union, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed... *E. F. Altman*

Licensed Embalmer No. *1686*

P. O. Address *Union, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.