

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 13419

Registrar's No. 3308

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 13419	
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 township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>17 3224 LAFAYETTE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) _____		c. (Last) <u>HEIDSIECK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 13, 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 9 1863</u>	
9. AGE (in years last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CUSTODIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HERMAN HEIDSIECK</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINA NETZGER</u>		14. NAME OF HUSBAND OR WIFE <u>AMELIA HEIDSIECK (DE)</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>HENRY A. HEIDSIECK 3841 GILES</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Ht Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Fx of ribs</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fx of ribs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr 5 days</u>	
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.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo. 660</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-8-55 ? m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell at home</u>				E9040	
22. I hereby certify that I attended the deceased from <u>4-10-55</u> , 19 <u>55</u> , to <u>4-13-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-13-55</u> , 19 <u>55</u> , and that death occurred at <u>6:15A</u> m., from the causes and on the date stated above. <u>21</u>							
23a. SIGNATURE <u>John F. Bergman MD</u>				23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>4-13-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>Apr. 13 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CREMATORY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>APR 14 1955</u>		REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kuter 2906 Garois</u>			

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

*Not Embalmed*

Signed *Lea J. Budde* .....

Licensed Embalmer No. *398*

P. O. Address .....

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.