

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34821**  
Registrar's No. **9256**

FILED NOV 15 1955

BIRTH NO. \_\_\_\_\_ 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 <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) (township) <b>2 Yrs 10 Mo.</b>	c. CITY OR TOWN <b>St. Louis,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) <b>Heidorn</b> c. (Last) <b>Heidorn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-22-55</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 2, 1867</b>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>88 8 20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>(Germany)</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Peter Arbogast</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Weber</b>		14. NAME OF HUSBAND OR WIFE <b>William (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Walter Arbogast, 1412a Granit City, 11th St.</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular disease.</b>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>				
	DUE TO (c) <b>Arteriosclerosis cerebri.</b>				
	11. 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 <b>443 x</b>				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)		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 <b>2-2</b> --, 19 <b>52</b> , to <b>Oct. 22</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>October 22, 19 55</b> and that death occurred at <b>3:40 Am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>George M. Janaka, M.D.</b>			23b. ADDRESS <b>5800 Arsenal St.</b>		23c. DATE SIGNED <b>10/22/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-25-1955</b>	24c. NAME OF CEMETERY OR REPOSITORY <b>New St. Marcus Ceme.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>		
DATE REC'D BY LOCAL REG. <b>OCT 24 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>McLaughlin F.H., Inc. 2301 Lafayette</b>		

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

M. J. B. (Licensed Embalmer's Statement on Reverse Side)

**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 *James R. Chapman*.....  
Licensed Embalmer No. *45*.....  
P. O. Address *St. Louis*.....

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.