

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3386**

FILED JAN 25 1956

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 77				
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. LENGTH OF STAY (In this place) 10 days		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Hilltop House Convul. Home				e. STREET ADDRESS (If rural, give location) 1422 Angelica Street				20091		
3. NAME OF DECEASED (Type or Print) a. (First) Lulu			b. (Middle) _____			c. (Last) Heidbreder				
4. DATE OF DEATH (Month) (Day) (Year) January 8 1956		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH October 10, 1881		
9. AGE (In years last birthday) 74		# UNDER 1 YEAR Months _____ Days _____		# UNDER 1 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY At Home			13a. FATHER'S NAME August F. Goldstein			13b. MOTHER'S MAIDEN NAME Bertha Brockmann	
13c. NAME OF HUSBAND OR WIFE Henry W. Heidbreder (Deceased)			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Clarence W. Goldstein, 3902 Canterbury	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis, arteriosclerotic basis		
19a. DATE OF OPERATION 10/7/54		19b. MAJOR FINDINGS OF OPERATION Carcinoma, colon 153x						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 Dec 28, 1955 to Jan 7, 1956 that I last saw the deceased alive on Jan 7, 1956 , and that death occurred at 6:20 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. G. M. Finney M.D.				23b. ADDRESS 1414 Shelby St. St. Louis				23c. DATE SIGNED 1/7/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 11 1956		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri				
DATE REC'D BY LOCAL REG. 1-11-56		REGISTRAR'S SIGNATURE Herbert R. Donke			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave					

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 *W. Ford A. Beasley*.....

Licensed Embalmer No. *42*.....

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.**