

FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37409**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **351**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lohman</b>		0262x
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>West of Lohman, Missouri</b>		
3. NAME OF DECEASED (Type or Print)	a. (First) <b>FREDERICK</b>	b. (Middle) <b>CARL</b>	c. (Last) <b>HEIDBREDER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER 3, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 7, 1918</b>	9. AGE (In years last birthday) <b>38</b>	<input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Near Lohman, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>August G. Heidbreder</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Bleich</b>	14. NAME OF HUSBAND OR WIFE <b>Alvina Strobel Heidbreder</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alvina Heidbreder</b>	ADDRESS <b>Lohman, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>3 Months</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Glomerular Nephritis</b>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)				
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				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?			
22. I hereby certify that I attended the deceased from <b>9-10-56</b> , to <b>12-3-56</b> , that I last saw the deceased alive on <b>12-1-56</b> , 19___, and that death occurred at <b>10 P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i> (Degree or title)			23b. ADDRESS <b>Jefferson City, Missouri</b>		23c. DATE SIGNED <b>12-5-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-6-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Lutheran</b>	24d. LOCATION (City, town, or county) (State) <b>Lohman, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5 Dec 1956</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS <b>Russelville, Mo.</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.

Signed.....  
Student Embalmer

Signed

*Kugo Schubert*

Licensed Embalmer No.

*2820*

P. O. Address

*Russellville*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.