

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

State File No. **39466**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10218**

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY OR TOWN St. Louis		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. Christian Hosp.		e. STREET ADDRESS (If rural, give location) 4438 N. 19th Str.			
3. NAME OF DECEASED a. (First) William b. (Middle) A. c. (Last) Heidorn			4. DATE OF DEATH (Month) Nov. (Day) 7. (Year) 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5. 1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocer		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ferdinand Heidorn		13b. MOTHER'S MAIDEN NAME Bertha Schallmack	
14. NAME OF HUSBAND OR WIFE Anna Heidorn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1		16. SOCIAL SECURITY NO. 496-36-0921	
17. INFORMANT'S SIGNATURE OR NAME Anna Heidorn		ADDRESS 4438 N. 19th Str.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 3 years +
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Sclerosis with occlusion			3 1/2 know
		DUE TO (c) Hypertrophy of heart			3 years +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chronic passive congestion lungs			5 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200'			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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 7/10/53 , 19 56 , to 7/07 , 19 56 , that I last saw the deceased alive on 7/06 , 19 56 and that death occurred at 4:00 a.m., from the causes and on the date stated above.					
23a. SIGNATURE J. J. Fisher M.D.		23b. ADDRESS 4222 N. Grand		23c. DATE SIGNED 11-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/9/56		24c. NAME OF CEMETERY OR CREMATORY St. Marcou's Cemetery.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Stock Mortuary		ADDRESS 2117 E. Grand,	
DATE REC'D BY LOCAL REG. NOV 8 1956		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <input checked="" type="checkbox"/>	

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

mjs (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 *Paul A. Wachtel*.....

Licensed Embalmer No. *47*.....

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.