

STANDARD CERTIFICATE OF DEATH

State File No.

18491

FILED MAY 31 1946  
318

1003

Registration District No.

Primary-Registration-District No.

Registrar's No.

1626

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max O. Starkloff  
(If not in hospital or institution, write street number or location) Memorial  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2627 Russell ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY HEIDENREICH

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife AMELIA 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 24 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Afton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Gardener

MOTHER FATHER

12. Name Fred Heidenreich

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Maria Breitenwischer

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henrietta Steffens

(b) Address 2627 Russell ave.

17. (a) Burial (b) Date thereof May 24, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) MAY 23 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st  
year 1946 hour 8:15 minute P M.

21. I hereby certify that I attended the deceased from 3/29/46  
\_\_\_\_\_, 19\_\_\_\_, to 5/21/46, 19\_\_\_\_;  
that I last saw him alive on 5/21/46, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Intense atherosclerotic heart disease

Due to Generalized arteriosclerosis

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 9 2

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature J. F. Bredeck While on duty \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Address 1515 Lafayette Date signed 5/23/46

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

17369

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Harry J. Sebumacher*  
Licensed Embalmer No. *2679*  
P. O. Address *7814 S. Broadway*

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