

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME LIDDY NAEDER  
 3. (b) If veteran, name war --  
 3. (c) Social Security No. --

4. Sex female / 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife August  
 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased: Sept. 13th 1895  
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 62    | 9      | 21   | hr. _____ min.       |

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Fritz Hecker  
 13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Francesca Weidemueller  
 15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant August Naeder

(b) Address 3423 Semple Ave.

17. (a) burial (b) Date thereof 7-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director A. Kron L&U, Co.

(b) Address 2707 N. Grand Blvd.

19. (a) JUL 6 1948 (b) J. F. Bruders  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3423 Semple  
Memorial 6 0  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th  
 year 1948 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from 6/25/48  
 \_\_\_\_\_, 19\_\_\_\_, to July 4th, 1948,  
 that I last saw her alive on July 4th, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
arteriosclerotic heart disease  
decompensated severe

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
93h  
93

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Thos. T. Bryan, M.D. (M. D. or other)  
1515 Lafayette 7/6/48  
 Address Date signed

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

*Embalmer reports Part Filed*

JUL 6

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**