MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

✓ Do not use this space.

21969

1. PLACE OF DEATH

County..... Registration District No. 791 1003 File No.....

Township..... Primary Registration District No..... Registered No. 6117

City St. Louis (No. City Workhouse St. .....Ward)

2. FULL NAME Margaret Heck

(a) Residence. No. 709 Russell St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14 1899

7. AGE: Years 29 | Months 7 | Days 23 | If less than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Heck
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Elie Damen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. Bertha Inman
(Address) City Workhouse

15. FILED ..... 1923 Mary C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1928

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to June 6, 1928 that I last saw him alive on June 6, 1928, and that death occurred, on the date stated above, at 6:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93c Chronic myocarditis
11 Thrombosis of left subclavian artery - cause unknown.
.....(duration).....yrs.....mos.....ds.

CONTRIBUTORY (SECONDARY) NB
.....(duration).....yrs.....mos.....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....

6/7, 1928 (Signed) Robert W. Simpson M. D.
(Address) City Workhouse

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bronx Mo. | DATE OF BURIAL: 6/8 1928

20. UNDERTAKER: Walker-Helderle | ADDRESS: 2531 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Heck.