

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

Do not use this space.

5046
703

1. PLACE OF DEATH *Jackson* Registration District No. *1002*
 County *Law* Primary Registration District No. *St. Marys Hospital*
 Township *Law* (No. *St. Marys Hospital*)
 City *Kansas City* (No. *St. Marys Hospital*) St. _____ Ward _____

2. FULL NAME *John Hecht*
 (a) Residence, No. *5310 Harrison St.* Ward *6*
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Julia E Hecht*

6. DATE OF BIRTH (MONTH DAY AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 64

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Engineer*
 (b) General nature of industry, business, or establishment in which employed (or employer) *E. C. S. Co.*
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 15 - 1930*

17. I HEREBY CERTIFY, That I attended deceased from *2-8-30* to *2-15-30* and that I last saw him alive on *2-13-30* and that death occurred, on the date stated above, at *7:45 a* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism cerebral, auricular fibrillation, myocarditis, Spemich infarct (duration) _____ yrs. mos. *7* ds.

CONTRIBUTORY (SECONDARY) *MI* (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

9. BIRTHPLACE (CITY OR TOWN) *Mansfield* (STATE OR COUNTRY) *Ohio*

10. NAME OF FATHER *John Hecht*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Luxemburg* (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Catherine Potts*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Germany*

14. INFORMANT *Mrs Julia E Hecht* (Address) *5310 Harrison*

15. FILED *2/15*, 19 *30* *M. M. Crowe* REGISTRAR
asst

0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS *Chemical & Laboratory*
 (Signed) *W. M. Mueser* M. D.
2/15/30 Address *14 Bayly*

*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 *St Joseph Missouri* DATE OF BURIAL *Feb. 17 - 1930*

20. UNDERTAKER *Daniels Bros* ADDRESS *644 Kansas*
N.E. 7th

CAUSE OF DEATH in plain language only

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