

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

Do not use this space.

17531

File No. _____
Registered No. 4609
St. _____ Ward

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3435a Montana Street)

2. FULL NAME John Henry Heckemeyer.

(a) Residence. No. 3435a Montana Street, St. B Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Heckemeyer.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3, 1850.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	8	5.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Commission Merchant.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Dont Know.

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Dont Know.

12. MAIDEN NAME OF MOTHER Dont Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Dont Know.

14. INFORMANT M. Heckemeyer
(Address) 3435a Montana Street

15. FILED 19 Wm C. Stedley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1930

17. I HEREBY CERTIFY, That I attended deceased from May 7 1930, to May 7 1930, that I last saw him alive on May 6 1930, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mycocarditis (Chronic)
932
1622

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

18. WHERE WAS DISEASE CONTRACTED? 7013 (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Joseph L. Sturges M.D.
5/8-30 19 (Address) 4709 Ingwood Av

*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 Calvary Cemetery DATE OF BURIAL May 10, 19 30.

20. UNDERTAKER W. Gebken & Co. ADDRESS 2842 Meramec.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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