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.

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

Do not use this space.

6725

1. PLACE OF DEATH

County ..... Registration District No. 702 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1801

City St. Louis (No. 500 S. Kingshighway St. Louis Children's Hosp. St. ..... Ward)

2. FULL NAME Hecht Donald (Donald Hecht)

(a) Residence, No. 1521a Palm St. St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-1-32

7. AGE: YEARS 0 | MONTHS 0 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

FATHER
13. NAME Columbus L. Hecht
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

MOTHER
15. MAIDEN NAME Cechia Kaczyski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

17. INFORMANT (ADDRESS) J. McIlvin 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb 25 1932

19. UNDERTAKER (ADDRESS) Astron L. & Co 2707 N. Grand

20. FILED FEB 24 1932 19 Max C. Starkloff Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-32 19

22. I HEREBY CERTIFY, That I attended deceased from 2-23-32 2:10 p.m., 19..., to 2-23-32 11:50 p.m., 19...

I last saw him alive on 2-23-32, 19..... Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, acute Streptococcus	2/21/32
129 / 36	

Other contributory causes of importance:

Septicemia, Streptococcus	2/21?/32

Name of operation —— Date of ——

What test confirmed diagnosis? abdominal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... (1)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Lawrence Edd Goldman M. D.

(Address) St. Louis Children's Hospital