

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.

JUN 6 1936

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

Do not use this space.

791

21333

1. PLACE OF DEATH

County St. Louis  
Township.....  
City St. Louis (No. 2816)

Registration District No. ....  
Primary Registration District No. 1003  
Accomac St

File No. ....  
Registered No. 5589  
St. .... Ward)

2. FULL NAME

Leonard A. Heckman

(a) Residence, No. St. Louis Mrs St. 23 Ward.

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Catherine Springob

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1866 July 25

7. AGE YEARS 69 MONTHS 10 DAYS 1 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Adam Heckman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Margareth Augustine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Joseph Heckmann  
St Charles Mrs

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Church, St. Charles, Mo DATE May 29<sup>th</sup> 1936

19. UNDERTAKER (ADDRESS) St. L. Dallymeyer & Sons Inc  
St Charles, Mo

20. FILED MAY 27 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26<sup>th</sup> 1936

22. I HEREBY CERTIFY, That I attended deceased from March 15<sup>th</sup> 1936 to May 26<sup>th</sup> 1936

I last saw him alive on May 26<sup>th</sup> 1936 Death is said to have occurred on the date stated above, at 10<sup>15</sup> p.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Hydropsy

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury.....

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..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Dr. Robert B. Gendrey, M. D.  
(Address) 2124 Russell Co

Mo

