

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

Do not use this space.

SEP 10 1937

29094

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City Clayton, Mo (No. St. Anthony's Hospital St. Ward)

File No.

Registered No. **7727**

2. FULL NAME Emma M. Hecker

(a) Residence, No. Clayton, Mo. St. NR 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1866
7. AGE YEARS 71 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At. Home

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

13. NAME John Camien

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

15. MAIDEN NAME Sophia Kaiser

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

17. INFORMANT Miss Emma Hecker
(ADDRESS) R R #1 Box 279 Clayton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Aug 18 1937

19. UNDERTAKER a Kron & Co
(ADDRESS) 2703 Grand

20. FILED AUG 16 1937
J. Foredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1937

22. I HEREBY CERTIFY, That attended deceased from 12 Aug 1937 to 11 Aug 1937

I last saw him alive on Aug 15 1937 Death is said to have occurred on the date stated above, at 4 a.m.

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

acute Nephritis cause unknown

Other contributory causes of importance: Pneumonia
Rheumat

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....., 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) R. H. Henry..... M. D.

(Address) 2838 N Grand St

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.

