

FILED JUN 6 1941

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1079

1. PLACE OF DEATH:
 (a) County ST LOUIS
 (b) City or town ST LOUIS MO Rich. Hchs.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST MARYS 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 DAYS
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State ILL (b) County MONROE
 (c) City or town WATERLOO ILL
 (If outside city or town limits, write "RURAL")
 (d) Street No. 429 SOUTH LIBRARY ST
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME VIENT HECK
 8. (b) If veteran, name war NO
 8. (c) Social Security No. 352 018903

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife JOSEPHINE HECK
 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased SEPT 12 1895
 (Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 9
 If less than one day _____ hr. _____ min.

9. Birthplace MONROE ILL
 (City, town, or county) (State or foreign country)

10. Usual occupation CITY CLERK WATERLOO ILL

11. Industry or business _____
 12. Name HENRY HECK
 13. Birthplace MONROE CO ILL
 (City, town, or county) (State or foreign country)
 14. Maiden name LOUISE SCHILLON
 15. Birthplace MONROE CO ILL
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Emma Heck
 (b) Address Waterloo Ill
 17. (a) WATERLOO ILL (b) Date thereof May 21 - 41
 (City, town, or county) (Month) (Day) (Year)
 (c) Place: burial or cremation Waterloo Ill
 18. (a) Signature of funeral director A. G. Schmitt
 (b) Address Waterloo Ill
 19. (a) MAY 21 1941 (b) DR. M. J. MOSELEY
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MAY day 21
 year 1941 hour 1 A.M minutes _____ M.

21. I hereby certify that I attended the deceased from May 15
 _____, 1941, to May 20, 1941
 that I last saw him alive on May 20, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Jung Abscess with Gangrene
 Due to Previous Erysipelas
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Jung Abscess with Gangrene
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place)

While at work? _____ Means of injury _____
 23. Signature H. J. Schmitt (M. D. or other) _____
 Address 624 Lewis Clark Bld Date signed 5/21/41

Duration 8 mo
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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

114 25

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *me*

....., Registered Apprentice No.

working under my personal supervision.

Signed *Ben H. Baldus*

Licensed Embalmer No. *2420*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

2B
7-41
27832

H. 2652
State File No. 19036
Registrar's No. 1079-

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 1079-

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rich. Hts.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Vincent Heck

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>			hr. min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-24-41 (b) TR Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month May day 21 year 41 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
lung abscess - gangrene
Due to _____
pyogenic organism
Due to _____
not due to TB

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. P. Spector (M. D. or other) _____

Address 67 - Union Bldg Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

S-19036 1941