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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33490  
Registrar's No. 8446

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6320 Vermont  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 15 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6320 Vermont  
(If rural, give location)  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23  
year 1941 hour 10 minute 20 P.M.  
21. I hereby certify that I attended the deceased from Oct 20  
1941 to Oct 23 1941  
that I last saw her alive on Oct 23, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration  
Bacterial

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations cf a  
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 Dr. Royal T. Fendler  
Address 7110 Michigan Ave Date signed 10-24-41

3. (a) PRINT FULL NAME Christena Hecht  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Frank Hecht 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June 4th 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 4 19 hr. min.

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

10. Usual occupation house wife

11. Industry or business at home

MOTHER FATHER { 12. Name John Hunthausen  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Hecht  
(b) Address 6320 Vermont

17. (a) burial (b) Date thereof 10-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Fendler Und. Co.  
(b) Address 7420 Michigan Ave

19. (a) OCT 25 1941 (b) J. F. Bredek  
(Date received local health officer's report) (Registrar's signature)

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

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

12-13-1

Licensed Embalmer No..... 4148

P.O. Address.....

**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, fact should be so stated above.**