S. No. 2
0M—2-43
5-17-39
I X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943 18

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

12231

State File No. 3850

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
0 BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo 3 da (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED: 997

(a) State Illinois (b) County 11

(c) City or town Mascoutah 1 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME LE ROY EUGENE HECKER

3. (b) If veteran, name war no.

3. (c) Social Security No. not known

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 21 (Day) 1905 (Year)

8. AGE: Years 37 Months 10 Days 29 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business General Laboring

FATHER
12. Name George F. Hecker
13. Birthplace Red Bud (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Mary Starkel
15. Birthplace Mascoutah (City, town, or county) Ill (State or foreign country)

16. (a) Informant Lawrence R. Moll
(b) Address Mascoutah Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mascoutah City Cem

18. (a) Signature of funeral director Emmett J. Smoker
(b) Address Mascoutah Ill

19. (a) APR 2 - (Date received by local registrar) (b) J. F. Bussick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1943 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 23, 1943 19 to April 25, 1943 19; that I last saw him alive on April 25, 1943 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embryonal cell carcinoma of testis (removed)	
Due to: Metastasis to lungs, liver, and lymph nodes	
Due to:	
Other conditions: Tuberculosis, pulmonary with cavity formation	
Major findings: Of operation: Embryonal cell Ca of supra clavicular lymph node	
Of autopsy: Metastatic Ca; Tuberculosis; Latent syphilis	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D.)

Address BARNES HOSPITAL Date signed 4/25/43

(Licensed Embalmer's Statement on Reverse Side)

3890

3890

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.....

Not Embalmed., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.