

FILED JUN 9 1943
BUREAU OF THE CENSUS

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4925**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
BARNES HOSPITAL
(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

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 12

(c) City or town St. Louis **9 23**
(If outside city or town limits, write "RURAL")

(d) Street No. 2816 Accomac Street.
(If rural, give location)

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

3. (a) PRINT FULL NAME CATHERINE AGNES HECKMAN

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Leonard H. Heckman

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

7. Birth date of deceased March 12, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name John Springob

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Schulte

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Davis

(b) Address 2816 Accomac Street.

17. (a) Burial (b) Date thereof 5/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) MAY 28 1943 (b) J. J. Buehler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26
year 1943 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from MAY 20 1943 to MAY 26 1943;
that I last saw h.E.R. alive on MAY 26 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral thrombosis

Due to hypertension

Due to _____

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

Major findings: Of operations _____

Of autopsy acute liver disease (cholelithiasis) HYPERTENSION, STROKE

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 J. J. Buehler (M. D. or other)
BARNES HOSPITAL
Address _____ Date signed 5/27/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

FORM NO. 100

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 G. W. Wilkinson
Licensed Embalmer No. 3575
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.