S. No. 2
M—2-43
5-17-39
I X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26059

FILED JUL 31 1943

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 1737

96
3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-7624 Cornell Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 3 5
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7624 Cornell Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE ROBERTS HECKER

3. (b) If veteran, name war None

3. (c) Social Security No. 702-10-0461

4. Sex male

5. Color or race white 0

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

6. (b) Name of husband or wife Dorothy Hecker

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December (Month) 1 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	7	26	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation General passenger agent

11. Industry or business M K & T RR.

FATHER
12. Name Frank Henry Hecker
13. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary Roberts
15. Birthplace Rochester (City, town, or county) New York (State or foreign country) 1

16. (a) Informant Mrs. Dorothy Hecker
(b) Address 7624 Cornell Ave., U. City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) JUL 28 1943 (Date received local registrar) (b) E. H. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1943 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1941 to July 27, 1943; that I last saw him alive on July 26, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage (non traumatic)	1 da
Due to: Endcarteritis	4 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

8.30

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 C. B. Kiepper (M. D. or other) M.D.
Address 402 Center Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Victor Kieffer
4500 Olive Street
FO-3800
12:30 to 3 P.M.

SEP 17 1948

AUG 01 1948

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 Paul [illegible], Registered Apprentice No. 351, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - M

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.