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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30009

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 7954

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: Alexian. Bros. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

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

(d) Street No. 5323a Gerldine Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME John. A. Heck;

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased Sept, 23rd 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months II Days I2 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired

11. Industry or business ____

FATHER
12. Name John Heck
13. Birthplace St Louis Mo, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ____ (City, town, or county) (State or foreign country)

16. (a) Informant John Cope
(b) Address 5323a Gerldine Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept7th 43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849N Euclid

19. (a) SEP 6 1943 (Date received local registrar) (b) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 4 year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan. 15, 1943 to Sept. 4, 1943; that I last saw h. alive on Aug 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis a Decomp. Section

Due to Bronchial asthma

Due to ____

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

Major findings:
Of operations ____

Of autopsy ____

Duration

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 ____ (M. D. or other) ____
Address 5899 Delmar Date signed 9-4-43

(Licensed Embalmer's Statement on Reverse Side)

Dr Hayden
5899 Delmar Ca 7201
7-8 30 PM.

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 albert Mayfield

Licensed Embalmer No. J 3077

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.