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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38613

FILED DEC 1 1943

State File No. _____
Registrar's No. 1

Registration District No. _____ Primary Registration District No. 4281

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Canton
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: Entire life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME None Birk Heckrodt

3. (b) If veteran, name war 710770 3. (c) Social Security No. 710770

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Heckrodt 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Feb 24 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 16 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Birk

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

14. Maiden name Katharina Gust

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

16. (a) Informant Steph Heckrodt

(b) Address Canton Mo

17. (a) Burial (b) Date thereof Nov 13 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton Mo

18. (a) Signature of funeral director W. B. Dodson
(b) Address Canton Mo

19. (a) Nov 13 43 (b) W. J. Jennings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1943 hour 8:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from November 10
1943, to November 10, 1943
that I last saw her alive on November 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension 25 years
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 8301
Of operations _____
Of autopsy _____

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 _____
Signature W. B. Dodson (M.D. or other) DO
Address Canton Mo Date signed 11-12-43

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

MOTHER FATHER

981 (Licensed Embalmer's Statement on Reverse Side)

JAN 2 0 1944

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 Carl H. Barkley
Licensed Embalmer No. 2615
P. O. Address Lawton, Mo.

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.