

FILED OCT 23 1944 **318**

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6320 Vermont 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 40 years _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Frank Hecht
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Christine Hecht 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 18, 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 28 hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Stella Hecht
 (b) Address 6320 Vermont Avenue

17. (a) Burial (b) Date thereof Oct. 19, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Old Sts. Peter & Paul Cem

18. (a) Signature of funeral director Fendler Und. Co.
 (b) Address 7420 Michigan Avenue

19. (a) 10/18/1944 (b) J. F. Breeseh
 (Date received local registrar) (Registrar's signature)

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. 6320 Vermont Avenue
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
 year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 40 to Oct 16, 1944
 that I last saw him alive on Oct 16, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Stearini Duration 4 yrs
 Due to Chronic myocarditis 4 yrs
 Due to Atherosclerosis 4 yrs

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations _____
 Of autopsy _____
 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) _____ (e) Means of injury _____
 While at work? _____
 23. Signature J. F. Breeseh (M. D. or other) _____
 Address 7110 L. Michigan Ave Date signed 10-17-44

On Royal Table

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 W E Morris

Licensed Embalmer No. 3360

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.