S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 13 1946

State File No. 17824

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 96

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 929 North Third Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louise Heckmann

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Heckmann deceased

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

7. Birth date of deceased September 13 1856 (Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business own home

FATHER
12. Name Henry Thoerner
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louise Meyer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Walter F. Heckmann

(b) Address 929 N. 3rd-St.Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 31-1946 (Month) (Day) (Year)

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

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 800 N. 2nd-St.Charles, Mo.

19. (a) June 4-46 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day May year 1946 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 10/30, 1944, to 5/28, 1946; that I last saw him alive on 5/28, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Inanition	?
Shock	63h
Due to Fracture of Left hip	63h
Senility	?
Due to Generalized Arteriosclerosis	?
Other conditions Essential Hypertension (Include pregnancy within 3 months of death)	?

Major findings:
Of operations No
No
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) Accident 1/30

(b) Date of occurrence 5/25/46 12 Noon

(c) Where did injury occur? St Charles (City or town) St Charles (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? yes (e) Means of injury fell

23. Signature R O Hayden (M. D. or other) MD

Address St Charles Mo Date signed 5/29/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-12-46

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 Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St. Louis

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.