S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6468

FILED FEB 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1153

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: City Sanitarium O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3yrs.9mos.7ds. (Specify whether
In this community 44 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. City Sanitarium 9
(If rural, give location)

13

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ALFRED HECKERT

3. (b) If veteran, name war

3. (c) Social Security No. 329-05-8885

4. Sex Male O

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 3rd, 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	5	29	hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Henry J. Heckert
13. Birthplace St.Louis Missouri O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Weaver
15. Birthplace New Memphis Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof Feb. 4th, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kraeger- Voss, Inc.
(b) Address 3402 N. Kingshighway

19. (a) FEB 4 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1948 hour 2.00 minute P M.

21. I hereby certify that I attended the deceased from May 1 1946, to Feb. 1 1948, that I last saw him alive on Feb. 1 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Syphilis, Central Nervous System	1944x.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 O

23. Signature Paul T. Hartman (M. D. or other)

Address 5400 Arsenal St. Date signed 2/1/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 R. W. Wilkinson

Licensed Embalmer No. 3575

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.