

No. 300
10-48

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18007

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 967

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson	
c. LENGTH OF STAY (In this place) 53yrs		d. STREET ADDRESS (If rural, give location) 27. Compton Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 27. Compton Ave.			

3. NAME OF DECEASED (Type or Print)	a. (First) Emmett	b. (Middle)	c. (Last) Heckethorn	4. DATE OF DEATH (Month) (Day) (Year) Apr. 18, 1949
-------------------------------------	--------------------------	-------------	-----------------------------	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Mar. 18, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 3 Days 0	IF UNDER 24 HRS. Hours 0 Min.
-----------------	---------------------------	---	---------------------------------------	---	---	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter	10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	---	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Elizabeth Powell	14. NAME OF HUSBAND OR WIFE Blanche Heckethorn
-----------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Alva Heckethorn Ferguson, Mo.	ADDRESS
--	------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chr' nyp cardiac 1944 DUE TO (c) arteriosclerosis 1938		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		9.3 d	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 424	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
--	--	---------------------------

22. I hereby certify that I attended the deceased from **4-15**, 1949, to **4-18**, 1949, that I last saw the deceased alive on **4-18**, 1949, and that death occurred at **6 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray Johnson, M.D.	23b. ADDRESS Ferguson Mo	23c. DATE SIGNED 4-19-49
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/21/49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 4-21-49	REGISTRAR'S SIGNATURE Thurmond L. ...	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS Ferguson, Mo.
---	--	--	------------------------------

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

96
6
2

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed R. S. White.....

Licensed Embalmer No. 3943.....

P. O. Address Perquimans, Va.....

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.