

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24874

FILED AUG 5 1949

State File No.

318

1003

6597

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		7.		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marian Hospital,</u>				d. STREET ADDRESS (If rural, give location) <u>24 2850 Keokuk St.,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alexander</u> b. (Middle) <u>J.</u> c. (Last) <u>Heger,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1949</u>					
5. SEX <u>Male, ✓</u>		6. COLOR OR RACE <u>White,</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married,</u>		8. DATE OF BIRTH <u>July 26, 1886</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>0-</u> Days <u>3</u>		IF UNDER 12 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Amer. Radiator Standard Sanitary Corp.</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Alexander Heger,</u>		13b. MOTHER'S MAIDEN NAME <u>Carolina Sparr,</u>		14. NAME OF HUSBAND OR WIFE <u>Mary M. Heger,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mary M. Heger,</u> ADDRESS <u>2850 Keokuk St.,</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Enlarged Heart</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>(yes)?</u> <u>(yes)?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>95c</u>				
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? <u>Heart</u>				
22. I hereby certify that I attended the deceased from <u>July 1, 1949</u> to <u>July 27, 1949</u> , that I last saw the deceased alive on <u>July 25, 1949</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. S. Spurr M.D.</u>				23b. ADDRESS <u>2757c Cherokee</u>		23c. DATE SIGNED <u>7-30-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u>		24b. DATE <u>Aug. 1, 1949,</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 31 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Kessler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary, 2842 Meramec St.,</u>				

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

Nanas

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Joe S. Benz
4249

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.