

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25759

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 43

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>ST. LOUIS</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>ST. LOUIS</u>	b. STATE <u>MISSOURI</u>
b. CITY (If outside corporate limits, write RURAL, and give township) <u>RURAL JACKSON T.S.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL JACKSON</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL JACKSON</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL JACKSON</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>	d. STREET ADDRESS (If rural, give location) <u>BLOOMSDALE MO</u>	d. STREET ADDRESS (If rural, give location) <u>BLOOMSDALE MO</u>	d. STREET ADDRESS (If rural, give location) <u>BLOOMSDALE MO</u>

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>LESTER</u>	b. (Middle) <u>FRANK</u>	c. (Last) <u>HECKER</u>	(Month) <u>JULY</u>	(Day) <u>15</u>	(Year) <u>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>FEB 18 1890</u>		9. AGE (In years last birthday) <u>59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LITCHFIELD ILL</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>GEORGE W. HECKER</u>	13b. MOTHER'S MAIDEN NAME <u>HATTIE EDWARDS</u>	14. NAME OF HUSBAND OR WIFE <u>ESTHER BACH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-24-4593</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Hecker Bloomsdale Mo</u>
		ADDRESS <u>Bloomsdale Mo</u>

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>ACUTE CARDIAC DILATATION</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>4/3/5</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</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>JACKSON T.S. ST. LOUIS MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Geo C. Bachler Coroner</u>	23b. ADDRESS <u>St. Genevieve Mo</u>	23c. DATE SIGNED <u>7/16/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JULY 18 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>
24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo C. Bachler St. Genevieve Mo</u>	
DATE REC'D BY LOCAL REC. <u>July 16, 1949</u>	REGISTRAR'S SIGNATURE <u>L. D. Karl per Deacon M. Karl</u>	ADDRESS <u>St. Genevieve Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 14 1950

RECEIVED

7-18-49

District Health Officer No. 4

Specialist File Number 249-935

Date Filed.....

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. 311

working under my personal supervision.

Student William A. Elmer
Student Embalmer

Signed Geo. C. Basher

Licensed Embalmer No. 1985

P. O. Address St. Genevieve, 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.