

STANDARD CERTIFICATE OF DEATH

State File No. 43081  
Registrar's No. 8238

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH  
a. COUNTY ST. LOUIS.  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS COUNTY HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS COUNTY 4070  
d. STREET ADDRESS (If rural, give location) MORROW DRIVE

3. NAME OF DECEASED  
a. (First) ANTONE b. (Middle) — c. (Last) HEGGER

4. DATE OF DEATH (Month) (Day) (Year) DEC. 15 1950

5. SEX MALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH FEB. 17-1866

9. AGE (In years) (Months) (Days) (Hours) (Min.) 84 9 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) RETIRED

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) GERMANY 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME MR HEGGER

13b. MOTHER'S MAIDEN NAME NOT KNOWN

14. NAME OF HUSBAND OR WIFE TECKLA HEINKE

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. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS HENRY HEGGER, MORROW DR.

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Stomach-suspected

INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES  
Morbid 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.

151X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 151X

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8, 1950, to 12-15, 1950, that I last saw the deceased alive on 12-15, 1950, and that death occurred at 12:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James W Hurley M.D.

23b. ADDRESS 601 S Brentwood Clayton Mo

23c. DATE SIGNED 12-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

24b. DATE 12-18-1950

24c. NAME OF CEMETERY OR CREMATORY RESURRECTION

24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO

DATE REC'D BY LOCAL REG. 12/16/50

REGISTRAR'S SIGNATURE Herbert R. Tomke M.D.

EMERALD DIRECTOR'S SIGNATURE ADDRESS King Bernville 3819 S Grand

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

002

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

*George J. Kingbermann*

Licensed Embalmer No. *4611*

P. O. Address *St Louis 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.