No. 300
10-48

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6893

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 3063 Registrar's No. 394

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 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): COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 22 OVERLAND 422X
d. STREET ADDRESS (If rural, give location): 3010 WOODSON

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): M.
c. (Last): Heck

4. DATE OF DEATH (Month) (Day) (Year): 2 9 51

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 12, 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: PATTERN MAKER
11. BIRTHPLACE (State or foreign country): RED BUD, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: VALENTINE HECK
13b. MOTHER'S MAIDEN NAME: (UNKNOWN)
14. NAME OF HUSBAND OR WIFE: LILLIAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VERNON J. HECK, 2852 KEOKUK, ST. LOUIS, MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation
DUE TO (c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
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) m.
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* 2-5-, 1951, *to* 2-9-, 1951, *that I last saw the deceased alive on* 2-9-, 1951, *and that death occurred at* 6:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Mills, Jr., M.D.
23b. ADDRESS: 601 S. Brentwood - Clayton 5, Mo
23c. DATE SIGNED: 2-10-51.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB. 13, 1951
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEM.
24d. LOCATION (City, town, or county) (State): WATSON & McKENZIE RDS., MO.

DATE REC'D BY LOCAL REG.: 2/11/51
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: C. HOFFMEISTER U. & L. Co
ADDRESS: 6464 CHIPPEWA ST. LOUIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.

WRITE PLAINLY—USING UNFADING

etc. It means the disease, injury, or complication which caused death.	*the underlying cause last.* DUE TO (c)
	11. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW D

22. *I hereby certify that I attended the deceased from* _____, *19* ____ *alive on* _____, *19* ____, *and that death occurred at* 6:45P m

23a. SIGNATURE	(Degree or title)	23b. ADDRE

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 13, 1951	24c. NAME OF CEMETERY OR CREMA RESURRECTION CEMETER
DATE REC'D BY LOCAL REG. 2/11/51	REGISTRAR'S SIGNATURE FR Herbert R. Dombu MD	25. FUNERA C. HOFF

(Licensed Embalmer's Statement on

EMENT BY LICENSED EMBALMER

1951
5-6893

rded on the reverse side of this certificate was embalmed by me, or by.....

.....,

Student Embalmer No.....

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

E LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

ated above.