

FILED MAR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7144

State File No.
Registrar's No. 6

BIRTH NO. REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>	
c. LENGTH OF STAY (in this place) <u>4 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>264 N. 3rd ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HENRY</u>	b. (Middle) <u>S</u>	c. (Last) <u>HECK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 3 1951</u>
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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>DEC 3 1885</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>10 RIVER AUX JAMES MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM HECK</u>	13b. MOTHER'S MAIDEN NAME <u>SUSANNA WEGG</u>	14. NAME OF HUSBAND OR WIFE <u>ROSE STOLL</u>
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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. <u>486-32-7176</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rose Heck Sr. Genevieve Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u> <u>4222</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		
	DUE TO (c)		
II. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-15, 1949, to 3-3, 1951, that I last saw the deceased alive on 3-3, 1951, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur E. Spencer M.D.</u>	23b. ADDRESS <u>Ste Genevieve Mo</u>	23c. DATE SIGNED <u>3-4-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 5 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING Cem</u>	24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>
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DATE REC'D BY LOCAL REG. <u>Mar 6, 1951</u>	REGISTRAR'S SIGNATURE <u>Gerena M. Karl-Dorr</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Resc. Barber Ste. Genevieve Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951

DISTRICT HEALTH OFFICE No. 4

MAR 8 1951

RECEIVED

File No. _____

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

Adrian J. Ecker

Licensed Embalmer No. *4240*

P. O. Address

St. Lawrence, 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.