

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39123
10292
Registrar's No.

318 1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 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 MO</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>		2199
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AGNES WALTON HOME</u>			d. STREET ADDRESS (If rural, give location) <u>4527 FOREST PARK</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		c. (Last) <u>HECKEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>JAN. 4 1867</u>	9. AGE (In years last birthday) <u>84</u>	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>AUSTRIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>

13a. FATHER'S NAME <u>HENRY BETTO</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE SCHILK</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN HECKEL (DECEASED)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MATTHEW HECKEL TENSTRIKE MINN.</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>Chronic Glomerulo-Nephritis</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Diverticulitis of Colon</u>			<u>Nov 15, 47</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>592X</u>			

22. I hereby certify that I attended the deceased from Dec 15, 1947, to Nov 8, 1951, that I last saw the deceased alive on Nov 8, 1951, and that death occurred at 4:15 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. D. Meyer M. D. O. D. Meyer, m.d.</u>		23b. ADDRESS <u>6029 S. Kingshighway R1</u>		23c. DATE SIGNED <u>Nov 19, 51</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>REMOVED</u>	24b. DATE <u>Nov 21 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>NOV 18 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>	ADDRESS <u>2906 Gravois</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas C. Dill

Licensed Embalmer No.

43479

P. O. Address

2906 Haven

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.