No. 300
10.46

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

FILED FEB 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44169

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10905

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place): 1-day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
d. STREET ADDRESS (If rural, give location): 1250 Hampton Park Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Arnold
b. (Middle): J.
c. (Last): Hecker

4. DATE OF DEATH (Month) (Day) (Year): Dec. 9,1951

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: Jan.22,1889
9. AGE (In years last birthday): 62 — If under 1 year: Months 10, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Consulting Engineer-St.L.Ref.& Cold S.Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Hecker
13b. MOTHER'S MAIDEN NAME: Emma Camein
14. NAME OF HUSBAND OR WIFE: Mrs.Dorothea Hecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs.Dorothea Hecker,1250 Hampton Pk.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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Cancer of Rt Lung — INTERVAL BETWEEN ONSET AND DEATH: 4 Mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Metastatic growth sub-dural with Cerebral

DUE TO (c) Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 1951
19b. MAJOR FINDINGS OF OPERATION: Biopsy.
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? 162X

22. *I hereby certify that I attended the deceased from* June 3, 1948, *to* Dec 9, 1951, *that I last saw the deceased alive on* Dec 9, 1951, *and that death occurred at* 8:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fenton Peterson MD
23b. ADDRESS: Richmond Heights Mo
23c. DATE SIGNED: Dec. 10-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec.12,1951
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis,Mo.

DATE REC'D BY LOCAL REG. DEC 10 1951
REGISTRAR'S SIGNATURE: Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Arthur J. Donnelly 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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~~ me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Wm S. Salfen

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.