

STANDARD CERTIFICATE OF DEATH

33375

FILED OCT 15 1953

State File No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 9113
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge		e. STREET ADDRESS (If rural, give location) 118 N Newstead 2190		
3. NAME OF DECEASED (Type or Print) BENJAMIN		a. (First)	b. (Middle)	c. (Last) HECKEMEYER
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF DEATH (Month) (Day) (Year) Sept 19 1953		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Heckemeyer		13b. MOTHER'S MAIDEN NAME Wilhelmina Groner
14. NAME OF HUSBAND OR WIFE Theresa Heckemeyer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Theresa Heckemeyer		ADDRESS 118 N Newstead		
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Esophagus		MEDICAL CERTIFICATION
ANTECEDENT CAUSES		DUE TO (b)		INTERVAL BETWEEN ONSET AND DEATH 2 mo
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infarct Rt. Lung Empyema				
19a. DATE OF OPERATION 8-14-53		19b. MAJOR FINDINGS OF OPERATION Carcinoma Esophagus with invasion mediastinum		20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 150X
22. I hereby certify that I attended the deceased from Aug 5, 1953 , to 9/19, 1953 , that I last saw the deceased alive on 9/19, 1953 , and that death occurred at 4:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Joseph L. Lucido M.D. (Degree or title)		23b. ADDRESS 634 N. Grand St. (3)		23c. DATE SIGNED 9/21/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 22 53		24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) St. Louis Mo		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 21 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4014
P. O. Address 3125 Sojup

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.