No. 300
10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10097

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2407

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5017 Louissiana

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 2159
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): 5017 Louissiana

3. NAME OF DECEASED (Type or Print)
a. (First): Titus
b. (Middle):
c. (Last): Hecht

4. DATE OF DEATH (Month) (Day) (Year): 3 14 1954

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2--7--1873

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 1, Days 7, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: American Pk. Co.

11. BIRTHPLACE (City and State or Foreign Country): Switzerland 5

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Louis Hecht

13b. MOTHER'S MAIDEN NAME: Barbara Statler

14. NAME OF HUSBAND OR WIFE: Amilia Schreiber

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.: 489-07-8162

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Amilia Hecht 5017 Louissiana

MEDICAL CERTIFICATION

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.

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

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paralytic Stroke — INTERVAL BETWEEN ONSET AND DEATH: 6 months
DUE TO (c) Arteriosclerosis — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis. CCVD Aortic regurgitation. Arthritis, senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

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?

334X

22. *I hereby certify that I attended the deceased from* Sept 17, 1942, *to* Mar 14, 1954, *that I last saw the deceased alive on* Mar 14, 1954, *and that death occurred at* 9:05 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leroy E Ellison MD 0

23b. ADDRESS: 3610 So Broadway St Louis Mo

23c. DATE SIGNED: Mar 14, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-17-1954

24c. NAME OF CEMETERY OR CREMATORY: Resurrection

24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: MAR 16 1954

REGISTRAR'S SIGNATURE: J Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wingbermuehle 3819 So. Grand

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George J Wingbermuehle J

Licensed Embalmer No. 461

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.