

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20618**  
Registrar's No. **4766**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|  |  |  |  |                                    |  |
|--|--|--|--|------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b> |  | b. COUNTY<br><b>St. Louis</b>      |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. - Louis</b> |  | c. LENGTH OF STAY (in this place)<br><b>7 days</b>   |  | c. CITY OR TOWN<br><b>Overland</b> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Missouri-Baptist Hospital</b>                        |  | e. STREET ADDRESS (If rural, give location)<br><b>8444 Lackland Road</b>   |  |                                    |  |

|   |                                  |  |  |   |  |  |                          |                           |                         |
|---|----------------------------------|--|--|---|--|--|--------------------------|---------------------------|-------------------------|
| 3. NAME OF DECEASED (Type or Print)   |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)    |   |  |  |                          |                           |                         |
| a. (First)<br><b>WILLIAM</b>  | b. (Middle)<br><b>FREDERICK</b>  |  | c. (Last)<br><b>HECHT</b>                | <b>5</b>  | <b>27</b>                                    |  |                          |                           |                         |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b> | 8. DATE OF BIRTH<br><b>Sept. 1, 1891</b> |   | 9. AGE (In years last birthday)<br><b>62</b> | IF UNDER 1 YEAR<br>Months                  | IF UNDER 24 HRS.<br>Days | IF UNDER 10 Min.<br>Hours | IF UNDER 1 Min.<br>Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Sales manager</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mt. Lebanon Cemetery</b>         |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis County, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |                          |                           |                         |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><b>Gustave Hecht</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Louise Beurmann</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Myrtle Hecht</b>                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |  | 16. SOCIAL SECURITY NO.<br><b>494-03-1648</b>       |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Myrtle Hecht, 8444 Lackland Road</b> |  |

|  |  |  |  |  |                                  |
|--|--|--|--|--|----------------------------------|
| 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)   |  | <b>UREMIA</b>  |  |  | <b>6 months</b>                  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) |  |  | "                                |
| ANTECEDENT CAUSES  |  | DUE TO (b) <b>RENAL INSUFFICIENCY</b>  |  |  | "                                |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (c) <b>CHRONIC NEPHRITIS</b>  |  |  | <b>INDET.</b>                    |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 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) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><b>592X</b>  |  |

22. I hereby certify that I attended the deceased from **19 MAY 1954** to **27 MAY 1954** that I last saw the deceased alive on **27 MAY 1954** and that death occurred at **4 P. m.**, from the causes and on the date stated above.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 23a. SIGNATURE<br><b>Robert A. Mayer</b>   |  | 23b. ADDRESS<br><b>529 N. GRAND ST. LOUIS</b>   |  | 23c. DATE SIGNED<br><b>5/28/54</b>                               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>                        |  | 24b. DATE<br><b>5-29-54</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Crematory</b> |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>C. R. LUPTON &amp; SONS-7233 Delmar Blv'd.</b> |  |  |  |
| DATE REC'D BY LOCAL REG.<br><b>MAY 28 1954</b>                                     |  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith</b>   |  | ADDRESS  |  |

**MAB** (Licensed Embalmer's Statement on Reverse Side)

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

5  
2:30

**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. *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.