

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13011**

FILED MAY 16 1955

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 6057		Registrar's No. 113				
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles, Rural		c. LENGTH OF STAY (in this place) 24 Yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Evangelical Emmaus Home				e. STREET ADDRESS (If rural, give location) 4000 West Belle 2009, 1						
3. NAME OF DECEASED (Type or Print) SOPHIA			a. (First)		b. (Middle)		c. (Last) HECKERMAN			
4. DATE OF DEATH (Month) (Day) (Year) May 7, 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 1, 1869		
9. AGE (in years last birthday) 86		IF UNDER 1 YEAR Months 4 Days 6		IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE None			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Theophil Stoerker, St. Charles, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 1 wk *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Right Femur 5 wks										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 193x F						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?						
22. I hereby certify that I attended the deceased from October, 1954 to May, 1955 , that I last saw the deceased alive on May 3, 1955 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.										
23a. SIGNATURE William J. Poggemeier				(Degree or title) MD		23b. ADDRESS 200 Clay St Charles, Mo		23c. DATE SIGNED May 9, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Emmaus Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri				
DATE REC'D BY LOCAL REG. May 9 1955		REGISTRAR'S SIGNATURE Hannie [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Bann		ADDRESS St. Charles, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 19 1955

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 *Clarence M. Bills*.....

Licensed Embalmer No. *437*

P. O. Address *St. Charles*.....

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