FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

47562
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12143

. Health, & Welfare . Public h Service

S. 300 . 1-57

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN University City 4346 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Luke's Hospital — Length of stay in lb 2 Months 32	d. STREET ADDRESS (If outside, give location) 7323a Forsythe Blvd. 27 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LETTIE Middle RODMAN Last HECKER		4. DATE OF DEATH Month December Day 17th Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH April 12, 1898
9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 8 Days 5	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher	10b. KIND OF BUSINESS OR INDUSTRY Education	11. BIRTHPLACE (City and state or country) Skidmore, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J. W. Rodman	13b. MOTHER'S MAIDEN NAME Elizabeth Albright	14. NAME OF HUSBAND OR WIFE Frank H. 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. None	17. INFORMANT Frank H. Hecker Address 7323a Forsythe Boulevard	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Metastatic Carcinoma Liver	6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinoma Rt Breast Surgically treated 1949	8 yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170 x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1949, to Dec. 17-1957 and last saw her/him alive on Dec. 16-1957. Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Wagner M.D.	22b. ADDRESS 6651 Enright Ave University City (5) Mo.	22c. DATE SIGNED 17 Dec-1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12/19/57	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. DEC 17 '57	26. REGISTRAR'S SIGNATURE J Carl Smith MD MSB	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Hecker.

Pa 1-4400

4:00 To 6:00 at office

CITY

Auxiliary

Hawley Hwy

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 H. Murra

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

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.