

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007202
STATE FILE NUMBER
2 1523

300
1-57
12
93
0

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

MAR 2 1959

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Firmin Desloge Hospital** Length of stay in 1b _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY _____
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **2210a Madison, 6** Reside on Farm Yes No

3. NAME OF DECEASED First **Anita** Middle **Marie** Last **Hecke**

4. DATE OF DEATH Month **2** Day **11** Year **59**

5. SEX **Female** 6. COLOR OR RACE **white** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **2-11-59** 9. AGE (In years last birthday) F UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours **3** Min. **1**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Alfred Leonard Hecke** 13b. MOTHER'S MAIDEN NAME **Shirley Ann Hayes** 14. NAME OF HUSBAND OR WIFE _____

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 **Shirley Hecke - 2210 a Madison, St. Louis 6** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Premature onset of labor.**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) **embryon**
DUE TO (c) **776X**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH _____

19. WAS AUTOPSY PERFORMED? YES NO **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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 **6:45 A** to **10 A** and last saw her alive on **2-11-59**
Death occurred at **10 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Thomas Mear MD** (Degree or title) 22b. ADDRESS **6070 Grand** 22c. DATE SIGNED **2-11-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **2-13-59** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) **St. Louis, Missouri** (State) _____

24. FUNERAL DIRECTOR **Robert D. Kinsaly** ADDRESS **2228 St. Louis Ave.** 25. DATE RECD. BY LOCAL REG. **FEB 13 '59** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

m. 9.03

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
No Embalming:
Robert D. Kinsley
Funeral Director
Licensed Embalmer No.....
P. O. Address.....

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.