

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003276

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 41

FILED FEB 14 1962

1. PLACE OF DEATH: a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saint Charles</u>		Length of stay in 1b <u>5 minutes</u>	c. CITY OR TOWN <u>O'Fallon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Saint Joseph's Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R. 1</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Louis</u> Last <u>Heckman</u>			4. DATE OF DEATH Month <u>2</u> Day <u>1</u> Year <u>1962</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-19-1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	IF UNDER 24 HR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool and die maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Aluminum Manufacturer</u>		11. BIRTHPLACE (City and state or country) <u>St Charles, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. FATHER'S NAME <u>Leonard B. Heckman</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Sprungel</u>		14. NAME OF HUSBAND OR WIFE <u>Rose C. Heckman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>  </u>		17. INFORMANT <u>Rose C Heckman R.R. 1 O'Fallon Mo</u> Address <u>  </u>			

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>592</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> Month, Day, Year <u>  </u>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>St Charles, Mo</u>	COUNTY <u>  </u> STATE <u>  </u>
21. I attended the deceased from <u>June 7, 1960</u> to <u>Jan 1962</u> and last saw him alive on <u>Jan 30, 1962</u> Death occurred at <u>  </u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>W.H. Poggenheim MD</u> (Degree or title)	22b. ADDRESS <u>St Charles, Mo</u>	22c. DATE SIGNED <u>FEB 3/1962</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 5, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Peter's Cemetery</u>	23d. LOCATION (City, town, or county) <u>St Charles, Missouri</u> (State) <u>  </u>
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24. FUNERAL DIRECTOR <u>O'Fallon Mortuary Inc O'Fallon, Mo</u> ADDRESS <u>  </u>	25. DATE RECD. BY LOCAL REG. <u>FEB 4-62</u>	26. REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>
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Charles J. Callahan (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

FEB 15 1962

**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 Charles J. Callahan

Licensed Embalmer No. 5128

P. O. Address O'Fallon, Mo

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.