

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016860

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No. 1003

Registrar's No. 4581

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318  
 FILED MAY 10 1962

VS 300 Rev. 4/59	DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF
ITEM NO.	SHOULD READ
BY AFFIDAVIT OF	

1. PLACE OF DEATH  
 a. COUNTY Illinois  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 1 hr  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Childrens Hospital Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Illinois COUNTY Jefferson  
 c. CITY OR TOWN Mount Vernon Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1604 Isabella Reside on Farm Yes  No   
 3. NAME OF DECEASED First Middle Last Robert Hecht  
 4. DATE OF DEATH Month 5 Day 3-62 Year  
 5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 5-3-62 9. AGE (last birthday) 10. IF UNDER 1 YEAR Months Days Hours Min. 11. BIRTHPLACE (City and state or country) Mount Vernon Ill. 12. CITIZEN OF WHAT COUNTRY U.S.A  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None  
 13a. FATHER'S NAME William Hecht 13b. MOTHER'S MAIDEN NAME Susan Vbgt 14. NAME OF HUSBAND OR WIFE never married  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT Jane Henriksen 500 So. Kingshighway St. Louis, Mo  
 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Respiratory Arrest Cardiac Arrest  
 DUE TO (b) Congenital anomalies  
 DUE TO (c) Focomyelia - Prematurity  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days. 759-3  Yes  No  Unknown  
 19. WAS AUTOPSY PERFORMED? YES  NO  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  
 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 5-3-62 to 5-3-62 and last saw her/him alive on 5-3-62  
 Death occurred at 2:00pm m on the date stated above, and to the best of my knowledge, from the causes stated.  
 22a. SIGNATURE Albert H. Shovann MD Degree or title 22b. ADDRESS 500 So. Kingshighway St. Louis, Mo 22c. DATE SIGNED 5-3-62  
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-7-62 23c. NAME OF CEMETERY OR CREMATORY Tifton 23d. LOCATION (City, town, or county) (State) Tifton Georgia  
 24. FUNERAL DIRECTOR ADDRESS Pulley Funeral Home, Mt. Vernon, Mo. 25. DATE RECD. BY LOCAL REG. MAY 4 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MEDICAL CERTIFICATION DOCUMENT

OK Helen A. Taylor  
 Coronar 4-4-62

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OK Helen A. Taylor  
 Coronar 4-4-62

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

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

PART III. If deceased was female was there a pregnancy in last 90 days.

759-3

Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

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

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 5-3-62 to 5-3-62 and last saw her/him alive on 5-3-62

Death occurred at 2:00pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert H. Shovann MD Degree or title

22b. ADDRESS 500 So. Kingshighway St. Louis, Mo

22c. DATE SIGNED 5-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 5-7-62

23c. NAME OF CEMETERY OR CREMATORY Tifton

23d. LOCATION (City, town, or county) (State) Tifton Georgia

24. FUNERAL DIRECTOR ADDRESS Pulley Funeral Home, Mt. Vernon, Mo.

25. DATE RECD. BY LOCAL REG. MAY 4 1962

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

**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. 6. m. h. a. l. m. e. r.*  
*E. Wash.*

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.