

S. No. 2  
1-1-4-41  
5-17-39  
X25390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MAY 13 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13010  
State File No. \_\_\_\_\_  
Registrar's No. **3440**

Registration District No. **791** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(c) Name of hospital or institution: **St. Louis City Hospital #1**  
(d) Length of stay: In hospital or institution **10 Days**  
In this community **25 yrs.**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(d) Street No. **1417 Cass Ave.**  
(e) Citizen of foreign country? **No**  
If yes, name country **Nil**

3. (a) PRINT FULL NAME **Frank Heacker**  
3. (b) If veteran, name was **Spanish Amer**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **20**, year **1941** hour **9:25** minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from **April 10**, 19**41** to **April 20**, 19**41**  
that I last saw him alive on **April 20**, 19**41**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **Nil**  
6. (c) Age of husband or wife if alive **41** years  
7. Birth date of deceased: **June 27th, 1880**

Immediate cause of death  
**Carcinoma of lung, metastases to vertebrae and liver.**  
**Lytic Arteritis**  
**Abdominal Aneurysm**  
Other conditions **None**  
(Include pregnancy within 3 months of death)

8. AGE: Years **60** Months **10** Days **27**  
9. Birthplace **Springfield Mo**  
10. Usual occupation **Cigar Maker**

Major findings: **None**  
Of operations \_\_\_\_\_  
Of autopsy **above**

11. Industry or business \_\_\_\_\_  
12. Name **Frank Heacker**  
13. Birthplace **Germany**  
14. Maiden name **Martha Webb**  
15. Birthplace **Mo**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant **Alma Hecker**  
(b) Address **1502 Cass Ave**  
17. (a) **Burial** (b) Date thereof **4/22/41**  
(c) Place: burial or cremation **National Cent**  
18. (a) Signature **Herrigan & Sheahan Und Co**  
(b) Address **4415 Washington Blvd.**  
19. **Apr 22 1941** (b) **J. H. Breckel**

While at work? \_\_\_\_\_  
23. Signature **J. H. Breckel** (M. D. or other) \_\_\_\_\_  
Address **1515 Lafayette Avenue.** Date signed **4/21/41**

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

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17  
9

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Homer W. Fritz*

Licensed Embalmer No.....

*38820*

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 this body is not embalmed, fact should be so stated above.**