NOV 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 34064

Registered No. 333

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123

Township Carondelet Primary Registration District No. 6248 B.

City Jefferson Barracks, Mo. (or) U.S. Veterans Hospital, Jefferson Brks, Mo. (Ward)

2. FULL NAME William H. Heffron.

(a) Residence. No. 1512 Bellglade Ave. St., Ward.
(Usual place of abode) St. Louis, Mo. (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	White.	Married.

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Mrs. Eva Heffron.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	53	6	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) Unavailable.
(c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Pennsylvania.

PARENTS

10. NAME OF FATHER Unavailable.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

12. MAIDEN NAME OF MOTHER Unavailable.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

14. INFORMANT C. H. Smith, Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED Oct 27, 1930 L. C. Obrod REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 25, 1930

17. I HEREBY CERTIFY, That I attended deceased from February 15, 1929, to October 25, 1930 that I last saw him alive on October 25, 1930, and that death occurred, on the date stated above, at 1:20 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Terminal Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Esophagus.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? No. DATE OF.

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, Physical, X-Ray & Laboratory findings.

(Signed) W. C. Gibson M.D. Medical Officer in Chg.
, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL National Cem. DATE OF BURIAL 10/27 1930

20. UNDERTAKER Hoffmeister U & L Co ADDRESS 7814 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.