

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

Do not use this space.

1. PLACE OF DEATH

County St Louis Registration District No. 790 File No. 18041
 Township Central Primary Registration District No. 6033A Registered No. 178
 City Jefferson on Clayton St. St Louis City Hospital St. _____ Ward _____

2. FULL NAME

Hefner, Irene Elizabeth
 (a) Residence No. 405 Georgia St. _____ Ward _____
 (Usual place of abode) Jefferson Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21-1910
 7. AGE YEARS 24 MONTHS - DAYS 10 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Frank Hefner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mary Handberg
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mr. Frank Hefner
 (ADDRESS) 405 Georgia St. Jefferson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACES Catholic DATE June 2 1934

19. UNDERTAKER E. J. Schmitt
 (ADDRESS) 315 S. Franklin St. St. Louis Mo.

20. FILED 6/1 1934 Robert Humbert Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31 1934
 22. I, HEREBY CERTIFY, That I attended deceased from 5/28/34 1934 to 5/31/34 1934
 I last saw her alive on 5/31/34 1934. Death is said to have occurred on the date stated above, at 11:15 AM.
 The principal cause of death and related causes of importance were as follows:

Reptured Appendix with Generalized Peritonitis Date of onset 5/29/34
121A
121B
121C
 Other contributory causes of importance: 121A
Myasthenia Gravis 5/29/34

Name of operation Appendectomy Date of 5/29/34
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. J. Paragande M. D.
 (Address) St. Louis Co. Mo.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

JUN 26 1934

