OCT 21 1936

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

Do not use this space.

35499

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 60339 — Registered No. 351
City Clayton, Mo. (No. St. Louis Co. Hospital St. Ward)

2. FULL NAME George Heffner (George Heffner)
(a) Residence, No. 104 Annabell Ave., St., Ward. Ferguson, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Heffner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1872.
7. AGE YEARS 64 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Missouri

FATHER
13. NAME Thomas Heffner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Catherine Decelier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Clara Heffner
(ADDRESS) 104 Annabell Ferguson, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Sept. 14/36.
19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont, Ave.,
20. FILED 9/12 1936 Dr. J. Figuerelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10/36. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/7, 1936, to 9/10, 1936
I last saw him alive on 9/10/36, 1936. Death is said to have occurred on the date stated above, at 9:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Carc.~~ Carcinomatosis	
Cancer of the digestive tract (Stomach)	
Chr. Myocarditis	

Other contributory causes of importance:
arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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?
If so, specify
(Signed) L. J. Franklin, M. D.
(Address) St. Louis County Hosp.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2 20M-2-19-36 I X7294