

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37892**
9731
Registrar's No.

Registration District No. **250** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1
(b) City or town ST. LOUIS
(c) Name of hospital or institution: JEWSH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11/9/39 - 11/14/39
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County NR
(c) City or town EAST ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1803 N. 39th
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME MARTIN HEFFREAN 16.5

3. (b) If veteran, name war No 3. (c) Social Security No. 329-102-125

4. Sex MALE 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lilly 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 18 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 25
hr. min.

9. Birthplace Brighton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Liquor

MOTHER FATHER { 12. Name Michael Heffrean

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Maria Madden

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lilly Heffrean

(b) Address 1802 N. 39th St.

17. (a) Removal (b) Date thereof 11/15/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe.

(b) Address 4700 Washington Ave.

19. (a) NOV 15 1939 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th
year 1939 hour 4:45 minute a M.

21. I hereby certify that I attended the deceased from 11/9/39
_____, 19____, to 11/13, 1939;
that I last saw him alive on 11/13/39, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver

Duration ?

Due to _____

Due to _____

Other conditions None
(Include pregnancy within _____ months of death)

Major findings: _____
Of operations _____

Of autopsy Carcinoma of Liver

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. J. Budick (M. D. or other)

Address 623 University Center Date signed 11/14/39

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.

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

Albert G. Hoppe

Licensed Embalmer No. 2971

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, above space should be left blank.