

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33852
State File No.
8549
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis.
(c) Name of hospital or institution: City Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John W. Heffernan.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex. Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widower

6. (b) Name of husband or wife. Ella T. Heffernan. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. OCT - 12 - 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 3 If less than one day hr. _____ min _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired.

11. Industry or business Street Inspector.

12. Name William Heffernan.

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

14. Maiden name Catherine Fitzgerald.

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

16. (a) Informant Mary Certain

(b) Address 4730 Newcomb Place.

17. (a) Burial. (b) Date thereof 10-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) OCT 16 1940 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4730 Newcomb Place.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th.
year 1940 hour 2 minute 30 A. M.

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

Immediate cause of death _____

Due to intestinal obstruction

Due to due to pediplex from old operation

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 1226

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) (a) Means of injury _____

23. Signature Arthur J. Donnelly (M. D. or other) _____

Address 4730 Newcomb Place Date signed 10/15/40

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.....

W. Van Matre

Licensed Embalmer No.....

2825

P. O. Address.....

4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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