

2
41
39
26390

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2206 North 11th St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 26 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2206 North 11th St. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rev. George F. Heffernan

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

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

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

7. Birth date of deceased Feb. 24th., 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 6 7 _____ hr. _____ min.

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

10. Usual occupation Catholic Priest

11. Industry or business _____

12. Name George F. Heffernan

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

14. Maiden name Cecelia Dean

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

16. (a) Informant Dean Heffernan
(b) Address 9055 Clayton Road

17. (a) Burial (b) Date thereof 9-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 3840 Lindell Blvd.

19. (a) SEP 4 1941 (b) J.P. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31st.,
year 1941 hour 10 minute 8. M.

21. I hereby certify that I attended the deceased from May 1st. to Aug 27th. 1941.
that I last saw him live on Aug 27th. 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Coronary sclerosis
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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 Alphonse M. Galan (M. D. or other)
Address 506 The Bldg Date signed 9/2-41

Duration

2 weeks

yes?

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Stavley Marshall
3840 Lindell

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 *Stavley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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, fact should be so stated above.