

FILED DEC 29 1943

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11358**

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

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: LITTLE SISTERS OF POOR 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ONE MONTH
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County 000
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 3225 N. FLORISSANT AVE.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME EDWARD D. HEFFERNAN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DEC. day 18, year 1943 hour 7 minute A. M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased OCT. 12, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from They 1 1943 to Dec 18 1943
 that I last saw him alive on Dec 16 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 ? 6 hr. min.

Immediate cause of death Chronic Myocarditis Duration ??

9. Birthplace ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)
 10. Usual occupation RETIRED GROCER CLERK

Due to _____
 Due to _____

11. Industry or business _____
 12. Name DENNIS HEFFERNAN
 13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
 14. Maiden name MARY PENDERGAST
 15. Birthplace IRELAND 5
(City, town, or county) (State or foreign country)

Other conditions Acute upper respiratory infection
(Include pregnancy within 3 months of death) Griffe Hypox
 Major findings: Of operations None
 Of autopsy None

16. (a) Informant REV. GEORGE A. RIDER
 (b) Address 1012 N. JEFFERSON AVE.
 17. (a) BURIAL (b) Date thereof 12-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CALVARY CEMETERY

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? _____

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 LINDELL BLVD
 19. (a) DEC 19 1943 (b) J. F. Pendergast
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
 (c) Means of injury 0
 23. Signature Edward D. Heffernan (M. D. or other) _____
 Address 2307 Salisbury St Date signed 12-18-43

Dr F Latta
2302 Sutherland

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address. 3840 Luedell

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.