

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4315
Registrar's No. 74

FILED JAN 10 1944
Registration District No. 317

Primary Registration District No. 3067

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

96
12
1

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ladue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9055 Clayton Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Ladue
(If outside city or town limits, write "RURAL")

(d) Street No. 9055 Clayton Road
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country

3. (a) PRINT FULL NAME Cecelia Dean Heffernan

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th., year 1944 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from 1/15/44 to 1/17/44 that I last saw him alive on 1/16/44 and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife George F. Heffernan 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec. 12th., 1865
(Month) (Day) (Year)

Immediate cause of death.....
Acute myocardial infarction

Due to.....
no known

Due to.....

Other conditions.....
(include pregnancy within 3 months of death)

Duration 2 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

78 0 27 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Owen M. Dean

13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kilker

15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Dean L. Heffernan

(b) Address 9055 Clayton Road

17. (a) Burial (b) Date thereof 1-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cathary

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

(b) Address 3840 Lindell Blvd.

19. (a) JAN 12 1944 (b) E. J. McKeaveney, M.D.
(Date received local registrar) (Registrar's signature)

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 8

23. Signature W. Paek (M. D. or other) MD

Address Humboldt St. Ely Date signed 1/10/44

Dr. O. P. J. Falk
8604 Washington Blvd.

MAR 6 1944

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. H. 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 with the above constitutes grounds for revocation of license.)

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