

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4316

State File No. \_\_\_\_\_

FILED JAN 23 1944

Primary Registration District No. 3069

Registrar's No. 706

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence: 7717<sup>a</sup> Brookline Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 24 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7717<sup>a</sup> Brookline Terrace  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Matthew J. Heffernan.  
3. (b) If veteran, name \_\_\_\_\_ 3. (c) Social Security No. 084-07-4055

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

6. (b) Name of husband or wife Clara G. Heffernan. 6. (c) Age of husband or wife if alive. 53 years

7. Birth date of deceased Sept. 20th 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 3 23 hr. min.

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

10. Usual occupation Sales Representative

11. Industry or business Meinecke & Co, Hospital Supls.

12. Name Owen Heffernan

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

14. Maiden name Mary Dearly

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

16. (a) Informant Paul Wielandy

(b) Address 7440 University Dr.

17. (a) Cremation (b) Date thereof 1/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.  
19. (a) JAN 15 1944 (b) E. J. Mc Gowan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th  
year 1944 hour 5:30 minute A. M.  
21. I hereby certify that I attended the deceased from June 1943 to Jan 13 1944  
that I last saw him alive on Jan 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism  
Myocardial Regeneration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Vis a cerebri  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 906

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 L.M. Riordan (M. D. or other)  
Address 4500 Olive St Date signed 1-14-44

Duration  
3  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

96  
3

M. Jordan.  
Llster Bldg.  
RO- 6614  
Hrs. 1 to 3 P.M.

326

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**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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - Mo

**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.**