S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9040

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2718

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Isolation Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3/15/44 to 3/18/44 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~County~~ St Louis 96

(c) City or town ~~St. Louis~~ Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 730 Regina ~~(County)~~ N.R.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ronald Hefflinger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May 5th 1937
(Month) (Day) (Year)

8. AGE: Years 6 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation School boy

11. Industry or business Hancock Sch

FATHER
12. Name William Hefflinger.
13. Birthplace St, Louis County. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Estelle Felchtia
15. Birthplace Centrallia Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Grady.
(b) Address 5600 Arsenal St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3 22-44 (Month) (Day) (Year)
(c) Place: burial or cremation St Matthews Cem

18. (a) Signature of funeral director Fendly Ned C
(b) Address 4474 20 Michigan Av

19. (a) 3/22/44 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3/15, 1944 to 3/18, 1944 that I last saw him alive on 3/18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Measles

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R W Maxwell (M. D. or other)
Address 5600 Arsenal St. Date signed 3-19-44

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 4148

P. O. Address Jersey 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.