

FILED JUL 24 1945
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

5406

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:
3929 Olive RESIDENCE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 1-year
years, months or days

3. (a) PRINT FULL NAME HENRY HEFTI
(b) If veteran, name war No
(c) Social Security No. No

4. Sex MALE (1) 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased JANUARY-10-1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 9
If less than one day hr. _____ min. _____

9. Birthplace HIGH-GATE Mo n
(City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business _____

MOTHER FATHER { 12. Name AUGUST HEFTI
13. Birthplace SWITZERLAND Sw
(City, town, or county) (State or foreign country)
14. Maiden name ANNA HEFTI
15. Birthplace SWITZERLAND Sw
(City, town, or county) (State or foreign country)

16. (a) Informant CPL. WAYNE HEFTI
(b) Address 4255 WESTMINSTER

17. (a) Removed (b) Date thereof 6-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VIENNA, MO

18. (a) Signature of funeral director Birmingham Funeral Home
(b) Address Vienna Mo

19. (a) JUN 21 1945 (b) J. T. Bredeck
(Date of filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3929 OLIVE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 19th
year 1945 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 29, 1945, to June 19, 1945
that I last saw him alive on May 4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary myocarditis
Duration 10 yrs

Due to Transition 2 yrs

Due to Malignancy of Colon 2 yrs

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

Major findings: Of operations H6
Of autopsy _____
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? _____ Means of injury _____

23. Signature Walter J. Anderson (M. D. or other) MD
Address 3903 Park Date signed 6/20/45

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

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 Heward A Rowland

Licensed Embalmer No. 3114

P. O. Address 27 Lewis 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.