

FILED OCT 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 2044

1. PLACE OF DEATH:

(a) County Royal, Shelby, St. Louis
(b) City or town St. Louis, Meador
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Sanitarium
(If not in hospital or institution, write street number or location) 29 days
(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days) 18 yrs, 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 9th
(c) City or town University City (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 7257 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GERTRUDE HEFFERNAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 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 August 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation School teacher

11. Industry or business _____

12. Name Thomas Heffernan

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

14. Maiden name Johanna Heffernan Mullally

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

16. (a) Informant Mr. R.V. Heffernan (nephew)

(b) Address 15 Devon Rd., Glendale, Mo

17. (a) Burial (b) Date thereof 10-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Bl.

19. (a) 10-3-46 (b) Ruth J. Bellant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1946 hour 2 minute 48 P. M.

21. I hereby certify that I attended the deceased from May 3, 1946 to October 2, 1946
that I last saw her alive on October 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis with cerebral arteriosclerosis

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 Dr. Banet (M. D. or other) M.D.
Address 7300 St. Charles Rock Rd Date signed 10-2-46

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

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

33602

ST. LOUIS, MO.
JAN 2 1987
LBB1 - 2 NBT.

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..... *Fred Frick*

Licensed Embalmer No..... 3186

P. O. Address St. Louis, 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.