No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3503

Registrar's No. 55

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Montgomery
(c) City or town: Irving
(If outside city or town limits, write "RURAL")
(d) Street No.: -
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HEFLEY, Loyd S.
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: 751010913
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Loretta
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: October (Month) 21 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
53	2	17	hr. min.

9. Birthplace: Irving, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Painter
11. Industry or business:
FATHER 12. Name: Charles Hefley
FATHER 13. Birthplace: Irving, Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Lipe
MOTHER 15. Birthplace: Irving, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Nakomis, Ill.
18. (a) Signature of funeral director: A. H. Hoppe
(b) Address: 4700 Washington, St. Louis, Mo.
19. (a) 1-8-48 (Date received local registrar) (b) Carl J. Stahlmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1948 hour 2:35 minute P. M.
21. I hereby certify that I attended the deceased from January 5, 1948 to January 7, 1948 that I last saw him alive on January 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchiogenic carcinoma with metastasis.	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: Autopsy performed (see cause of death)

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(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) Cause of injury: 0
23. Signature: L. E. Stilwell M. D.
Address: Jefferson Barracks, Mo. Date signed: 1/7/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 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 John S. Lennehan

Licensed Embalmer No. 4194

P. O. Address .....

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.