

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3346

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Reasor Dr. & Grether Rd.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Reason Dr. & Grether Rd.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>E.</u> c. (Last) <u>Heffner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3 1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>May 12 1892</u>		9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>LAW</u>	

13a. FATHER'S NAME <u>Louis E. Heffner</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Zell</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Heffner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leona Heffner, Reasor Dr. & Grether</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion & myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary ht. disease</u>		<u>hrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia rt. middle</u>		<u>10 days</u>	
DUE TO (c) <u>10 bc</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>420.1</u>	

22. I hereby certify that I attended the deceased from 16 Jan, 1950, to 3 Feb, 1950, that I last saw the deceased alive on 2 Feb, 1950, and that death occurred at 10:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph P. Greig</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>2120 Reasor Dr. Ferguson, Mo.</u>	
23c. DATE SIGNED <u>2/6/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/6/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			

DATE REC'D BY LOCAL REG. <u>2-6-50</u>		REGISTRAR'S SIGNATURE <u>Herbert L. Moulton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>	
				ADDRESS <u>1905 Union Blvd.</u>	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 353 ✓

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.