

THE DIVISION OF HEALTH OF MISSOURI  
FILED APR 28 1951 STANDARD CERTIFICATE OF DEATH

15006

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 996

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Ferguson,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson,</u> 4109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>434 Wesley Avenue,</u>		d. STREET ADDRESS (If rural, give location) <u>434 Wesley Avenue,</u> 0	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SAMUEL</u>	b. (Middle) <u>ELLEARD</u>	c. (Last) <u>HEFFERN.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1951.</u>
--	--------------------------	----------------------------	---------------------------	--

5. SEX <u>Male.</u> 0	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u> 1	8. DATE OF BIRTH <u>Dec 12, 1876.</u>	9. AGE (In years last birthday) <u>74.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------------	-----------------------------------	---	--	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President. Heffern - Neuhoff Jewelry Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>River Falls, Wisconsin.</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	---

13a. FATHER'S NAME <u>John Buridan Heffern.</u>	13b. MOTHER'S MAIDEN NAME <u>Lucina Foster.</u>	14. NAME OF HUSBAND OR WIFE <u>Edna G. Heffern.</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>494-10-1016</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs S. E. Heffern, 434 Wesley Ave, Ferguson.</u>	ADDRESS
--	---	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>Spontaneous</u> <u>Cath</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Heart Disease</u> ANTECEDENT CAUSES <u>Coronary Occlusion</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>420.0</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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Sept 1943, to April 15, 1951, that I last saw the deceased alive on November, 1950, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Samuel P. Heffern M.D.</u>	(Degree or title)	23b. ADDRESS <u>607 N. Grand Ave</u>	23c. DATE SIGNED <u>4-16-51</u>
---	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/17/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>4/16/51</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Lomke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton &amp; Sons</u>	ADDRESS <u>7233 Delmar Blv'd.,</u>
--	---	---	---------------------------------------

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

Dr Dan Sexton.  
University Club Bld'g.,  
NE: 1750.

---

---

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.