

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39125

State File No.

9856

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <u>2149</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 4980 Fairview Ave. <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) T. c. (Last) HEFLEY		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5 1951	
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7, 1893
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't. Supply Agt. - Amer. Car & Fdy. Co.		10b. KIND OF BUSINESS OR INDUSTRY Amer. Car & Fdy. Co.	11. BIRTHPLACE (State or foreign country) Litchfield, Ill. /
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME John Hefley		13b. MOTHER'S MAIDEN NAME Florence Parish	14. NAME OF HUSBAND OR WIFE Alice H. Hefley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Alice Hefley 4980 Fairview Ave.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized metastasis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
INTERVAL BETWEEN ONSET AND DEATH 6 mo			
19a. DATE OF OPERATION 6/16/51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid	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>153X</u>
22. I hereby certify that I attended the deceased from <u>6/15/51</u> , 19 <u>51</u> , to <u>11/5/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/5/51</u> , 19 <u>51</u> , and that death occurred at <u>12:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P. D. Steele M.D.</u>		(Degree or title)	23b. ADDRESS 462 N. Taylor Ave
23c. DATE SIGNED 11/7/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal <u>ll</u>		24b. DATE Nov. 8 1951	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG NOV 7 1951		REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.
		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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

Richard W. Stoverand

Licensed Embalmer No. 4007

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.