

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44252

State File No. ....  
Registrar's No. **11993**

FILED JAN 5 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 4334a Arco Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)		a. (First) EDWARD	b. (Middle) J.	c. (Last) HEFELE	4. DATE OF DEATH (Month) (Day) (Year) Dec. 19 1953	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Aug. 31, 1885	9. AGE (in years last birthday) 68	if UNDER 1 YEAR Months	if UNDER 1 HR. Hours	if UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-City of St. Louis (Retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME William Hefeles		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Late Christine Hefeles			
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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. 489-14-4839		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Waneta Hefeles 4334a Arco Ave.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Aortic Stenosis; Chronic Endocarditis; Decompensation</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>2 1/2 weeks while hospitalized as a result of fractured left hip when he fell at Newstead Arco, about 330 pm</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Nov 21, 1953 Accident</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. PLACE OF INJURY (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>Nov 21 53 37</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E90.45</i>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I had saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *1:55A* m., from the causes and on the date stated above. *45*

23a. SIGNATURE <i>Catrick C. Taylor Carmichael</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>Nov. 21. 53</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec. 22, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>DEC 21 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Kriegshauser 4228 S. Kingshighway Bl.</i>			
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Ernie A. M. Bennett*.....

Licensed Embalmer No. *3024*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.