

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6290**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) **Life**
d. FULL NAME OF HOSPITAL OR INSTITUTION **4641 Margaretta Avenue, 15,**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____
c. CITY OR TOWN **St. Louis**
d. Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **4641 Margaretta Avenue, 15,**

3. NAME OF DECEASED (Type or Print) a. (First) **HENRY** b. (Middle) **M.** c. (Last) **HEFTY** 4. DATE OF DEATH (Month) (Day) (Year) **July 11th, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **April 14th, 1891** 9. AGE (In years last birthday) **63** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Hardware Merchant** 10b. KIND OF BUSINESS OR INDUSTRY **Hardware** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry Hefty** 13b. MOTHER'S MAIDEN NAME **Helene Decker** 14. NAME OF HUSBAND OR WIFE **Fanny M. Hefty**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **World War # 1** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Fanny M. Hefty, 4641 Margaretta Avenue, 15,** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Septicemia**
ANTECEDENT CAUSES **Pulmonary edema**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Familial adenomatous polyposis**
DUE TO (c) **Colorectal carcinoma**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **2 hours**

19a. DATE OF OPERATION **7/12/54** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of ascending colon** 20. AUTOPSY? YES NO

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) _____ m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **153x**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at **4:00A m.,** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]** 23b. ADDRESS **70 S. Olive** 23c. DATE SIGNED **7-12-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **7/14/54** 24c. NAME OF CEMETERY OR CREMATORY **S. S. Peter & Paul Cemetery, St. Louis County, Missouri** 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. **JUL 12 1954** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **GALVIN F. FEUTZ** ADDRESS **4848 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri.**

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

Hours 1:00PM to 6:00PM
at office Monday.

File in City

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 *John A. Mlinar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis*

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.