

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037848

STATE FILE NUMBER

10088

FILED OCT 30 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300
1-57
4

All diseases in Part I must be causally related. Use only black ink or ribbon typewrite if possible.

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS,		c. CITY OR TOWN ST LOUIS,	
d. FULL NAME OF HOSPITAL OR INSTITUTION LITTLE SISTERS OF THE POOR 3225 NO FLORISSANT AVE		d. STREET ADDRESS 3225 NO FLORISSANT AVE	
3. NAME OF DECEASED (Type or print) First: JOSEPH Middle: Last: HEFTI			4. DATE OF DEATH Month: OCT Day: 21, Year: 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 8, 1884
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GABRIAL HEFTI	
13b. MOTHER'S MAIDEN NAME ANASTASIA FLEIG		14. NAME OF HUSBAND OR WIFE	
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 FLORENCE DIEL 7013 AMES DR. ST. LOUIS ILL. MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Grand Mal Epilepsy			INTERVAL BETWEEN ONSET AND DEATH 7 hours ???
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0 25 yrs.	
20c. TIME OF INJURY Hour: a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 12, 1958</u> to <u>October 21, 1958</u> last saw her alive on <u>October 20, 1958</u> Death occurred at <u>1 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Bernard H. Howe M.D.</u>		22b. ADDRESS <u>2435 N. Grand Blvd</u>	
22c. DATE SIGNED <u>10-21-58</u>		23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE <u>10/24/58</u>		23c. NAME OF CEMETERY OR CREMATOR? CALVARY CEMETERY	
23d. LOCATION (City, town, or county) ST LOUIS MISSOURI		23e. DATE RECD. BY LOCAL REG. OCT 2 2'58	
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE		26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	

Dr. J. L. Little
2435 No Grand
St. Louis, Mo
113 245
3/1/77

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 *M W Rueter*

Licensed Embalmer No. *4865*

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