

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1008**

City **St. Louis, Mo.** (No. **City Hospital 2**)

File No. **17677**

Registered No. **4617**

St. Ward)

2. FULL NAME **Abbe Herndon**

(a) Residence, No. **2318** St. **22** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. — mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **Coe** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown Herndon**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-20-1895**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **67 1 19**

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Work 235**

10. Date deceased last worked at this occupation (month and year) **2-20-1932** 11. Total time (years) spent in this occupation **40 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

13. NAME **Mrs. Herndon**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT **A. Bertande Creath** (ADDRESS) **City Hospital 2**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Christyfield Mo.** DATE **May 12, 1932**

19. UNDERTAKER **Charles J. Gattal** (ADDRESS) **4107 S. Grand St. St. Louis, Mo.**

20. FILED **MAY 11 1932** Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-9-1932**

22. I HEREBY CERTIFY, That I attended deceased from **5-2-1932** to **5-9-1932**

I last saw him alive on **5-9-1932** Death is said to have occurred on the date stated above, at **5-9-1932**.

The principal cause of death and related causes of importance were as follows:

186A
194B
157A
Other contributory causes of importance: **Fractured left femur**
fall to floor at Residence
accident
5-5-1932
St. Louis, Mo.
Home
fall to floor
Fractured left femur

Name of operation: **Halt** Date of: **5-11-1932**

What test confirmed diagnosis? **Halt** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **5-5-1932**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **fall to floor**

Nature of injury **Fractured left femur**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **Fractured left femur**

(Signed) **Henry C. Slaughter** M. D.

(Address) **City Hospital 2**

