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

Do not use this space.

30596

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1006~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8259

City ST. LOUIS MO. (No. ~~[illegible]~~, MO. BAPTIST ~~SAN.~~ Hosp't. St. ..... Ward)

2. FULL NAME FRANCES HERNDON.

(a) Residence, No. 3107 N. UNION AVE. St., 6 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

3. SEX: FEMALE
4. COLOR OR RACE: WHITE.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED.

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF DANIEL HERNDON.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/8/1876.

7. AGE: YEARS 56 | MONTHS 5 | DAYS 4. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME. 235
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MISSOURI. 1

FATHER

13. NAME WM. IRWIN.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND. 15

MOTHER

15. MAIDEN NAME NELLIE SMITH.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA. 2

17. INFORMANT (ADDRESS) Chester C. Herndon TULSA, OKLA.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK. DATE 9/15/32. 19

19. UNDERTAKER (ADDRESS) Provost Fund Co 3710 N. GRAND BLV'D.

20. FILED SEP 14 1932 19 [signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/4, 1932, to 9-12, 1932

I last saw her alive on 9/12, 1932 Death is said to have occurred on the date stated above, at 10-10 P.M.

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

	Date of onset
Cerebral Hemorrhage (apoplexy)	9/4-32
82A	
102	

Other contributory causes of importance:

Hyper Tension (1)	2 yrs.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

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

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ✓

(Signed) John D Poe, M. D.

(Address) 1492 Hodiamont av.

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.