NOV 4 1936

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

Do not use this space.

791

39299

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 10333

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

City St. Louis, Mo. (No. 2745 Nash St. ..... St. ..... Ward)

2. FULL NAME Charles Herrin

(a) Residence, No. 2745 Nash St. ..... St., 21 ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colore	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 7th, 1910

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
26	2	4	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Laborer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water Valley Miss.

FATHER

13. NAME West Herrin.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER

15. MAIDEN NAME Anna Dukes.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT Essie Lee
(ADDRESS) 2715 Cass St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park Cem. DATE 10-17, 1936

19. UNDERTAKER Ellis Funeral Home.
(ADDRESS) 2310 St. Louis St.

20. FILED OCT 14 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11/36, 19 3

22. I HEREBY CERTIFY, That I attended deceased from 10/13, 19 36 to 10/14, 19 36
I last saw him alive on 10/11, 19 36 Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuber	
Meningitis	about 2 years ago

Other contributory causes of importance: 73

Name of operation No Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) J. F. Taylor, M. D.
(Address) 3[illegible] Chouteau Ave

Lic 2560

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD