

NOV 15 1937

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

35663
Do not use this space.

791
1003

Registered No. 9240

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. Lutheran Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Loretta Harrington

(a) Residence, No. St. IA Davenport, Iowa
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1881

7. AGE: YEARS 56 MONTHS 0 DAYS 23 IF LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Metropolis
(STATE OR COUNTRY) Illinois

FATHER 13. NAME James Fincher
14. BIRTHPLACE (CITY OR TOWN) Mound City
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Andrew Harrington - Husband
(ADDRESS) Davenport, Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cemetery DATE Oct. 4, 1937

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7314 S. B'way, St. Louis, Mo.

20. FILER 46612 100 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1937 to Oct 1, 1937
I last saw her alive on Sept 30, 1937 Death is said to have occurred on the date stated above, at 10:47 p.m. Sept 30.
The principal cause of death and related causes of importance were as follows:

coronary thrombosis Date of onset Sept 25
arteriosclerosis

Other contributory causes of importance: arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? EKG Was there an autopsy? yes

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) Wm. B. Kountz M. D.
(Address) 605 S. Kingshighway

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.

31 2 12 899 2

STATEMENT BY LICENSED EMBALMER

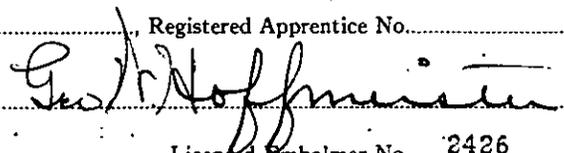
I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo J. Budde, L.E. #2989

L.E. and Linus C. Hoffmeister, L.E., #3871

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 2426

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.)