

MISSOURI STATE BOARD OF HEALTH

9178
Do not use this space.

REC'D APR 11 1938

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH **Enroute to Homer Phillips Hosp.** **791**
 (a) County..... **1** Registration District No..... **1008**
 (b) Township..... Primary Registration District No..... Registered No..... **2767**
 (c) City..... **St. Louis, Mo.** (d) Street No..... **Enroute to Homer Phillips Hosp.** 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 **Arthur Herndon** **653**
 (a) Residence, No. **4414 Maffitt Ave.** St. **11** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 25, 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 No 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Porter**
 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) **St. Louis** 0
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **William Herndon** 0

14. BIRTHPLACE (CITY OR TOWN) **Mo.** 0
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Mary Chandler**

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

17. INFORMANT **Ella Herndon**
 (ADDRESS) **4209 West Finney**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **3/24/38**

19. FUNERAL DIRECTOR **E. L. Garner**
 (ADDRESS) **2829 Washington Ave.**

20. FILED **MAR 23 1938**
J. D. Brudick
 Local Registrar

NONPHYSICIAN CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/20/38** 19

22. I HEREBY CERTIFY, That I attended deceased from , 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **11:00 A.M.**

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

Lysol Poisoning, self administered at his home 4414 Maffitt Ave., Apt. 28, March 20, 1938, time unknown.

Date of onset

Other contributory causes of importance:

SUICIDE

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Suicide** Date of injury **3/20/38**

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. **In Home**

Manner of injury..... **See Above.**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify

(Signed) **Joseph M. ...** M.D.
 (Address) **...**

Every statement 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.

STATEMENT BY LICENSED EMBALMER

I, Clayton M. Young Licensed Embalmer No. 3371
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Carroll Beckett
L. E.

No. _____ or by _____ Registered Apprentice No. 125
working under my personal supervision.
Signed Clayton M. Young
Licensed Embalmer No. 3371

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.)