

REC'D JUN 9 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
100316487  
Do not use this space.

## 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.
Registered No. 43482. PRINT FULL NAME Nannie M. Herrington 652
 (a) Residence, No. 3618 Lafayette Ave. St. 17 (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June-23-1859.</u>		
7. AGE YEARS <b>78</b>	MONTHS <b>10</b>	DAYS <b>18</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At. Home</u>		
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) (STATE OR COUNTRY) Alabama 113. NAME Unknown 9  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 915. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Miss Willie Herrington  
(ADDRESS) 3618 Lafayette18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE May-15th., 193819. FUNERAL DIRECTOR (NAME) Wacker-Helderle  
(ADDRESS) 2331 S. Broadway20. FILED MAY 12 1938 J.P. Bredick  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 11th., 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov 4<sup>th</sup> 1938, to May 11<sup>th</sup> 1938, 1938  
 I last saw her alive on May 11, 1938. Death is said to have occurred on the date stated above, at 10.15 A.M.  
 The principal cause of death and related causes of importance were as follows:

*Perniciosa Eremia  
 Hypertension (Chronic)  
 Congestive heart failure  
 by decompensated heart  
 w/o pneumonia. Non tubercular*

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? Tolony. Was there an autopsy? No23. If death was due to external cause (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 Edmond Bernot, M. D.  
(Signed) Edmond Bernot  
(Address) 1504 So. Grand Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Robert C. Wheeler*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Robert C. Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *Shore*

**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.)**

**If this body is not embalmed, above space should be left blank.**