

NOV 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

34132

Township

Primary Registration District No. 1003

File No. 9118

City St. Louis, Mo. (No.)

Ward Homer S. Phillips St. W.P.

Registered No.

2. FULL NAME

Charles P. Herrington, Jr. (HERRINGTON)

(a) Residence, No. Crystal City, Mo. St. Ward.

(Usual place of abode)

Crystal City, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

27

5

0

OCCUPATION

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

Labourer

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

General

10. Date deceased last worked at this occupation (month and year) Sept 19th 38

11. Total time (years) spent in this occupation 9 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Mo.

FATHER

13. NAME Charles Herrington SR.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Mines, Mo.

MOTHER

15. MAIDEN NAME Jessie Terrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Mo.

17. INFORMANT (ADDRESS) Mrs. Viola Herrington, Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crystal City, Mo. DATE Oct-23rd 1938

19. UNDERTAKER (ADDRESS) Geney R. Palitte, Crystal City, Mo.

20. FILED OCT 20 1938

Registrar. J. P. Predeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-27-38, 1938, to 10-20-38, 1938

I last saw him alive on 9-19-38, 1938. Death is said to have occurred on the date stated above, at 5:55 A.M.

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

Broncho pneumonia

Date of onset 9-12-38

Other contributory causes of importance:

C.N. S. Lues

Name of operation

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

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) H. J. Lyman

(Address) Homer S. Phillips Hospital

M. D.

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.

Not enclosed

At