

REG. JAN 31 1939

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

41127
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791
(b) Township 1003 Primary Registration District No. 1003
(c) City St. Louis Mo (d) Street No. 3933 R Finney Registered No. 10819
(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

(a) Residence, No. 657 Mary R. Herron
3933 R - Finney Ave St. 11
(Usual place of abode, if no street address, give county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 - 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 11 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Whiterville, Tenn

13. NAME Arthur Herron

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

15. MAIDEN NAME Lula Rivers

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

17. INFORMANT (ADDRESS) Arthur Herron
3933 R Finney Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 12-16, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros
3644 Finney Ave

20. FILED DEC 16 1938 J. D. Redick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/28, 1938, to 12/14, 1938
I last saw her alive on 12/14, 1938. Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 11/28/38

Other contributory causes of importance:

Name of operation Cancer Op. Date of 1/18
What test confirmed diagnosis Cancer Op. 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. D. Redick, M. D.
(Address) 809 W. Jefferson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

I X14028

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,

Louis V. Atkins

or by

Registered Apprentice No., working under my personal supervision.

Signed

Louis V. Atkins

Licensed Embalmer No.

2842

P. O. Address

3644 Finney

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.