REC'D APR 12 1939

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

8189
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1954

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. City Hospital No. 1 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.
D. 16858

2. PRINT FULL NAME 640 Mitilda Herrell
(a) Residence, No. 5 25 West Poepping St. /
(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*) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Heulett M. Herrelll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	~~8~~ 5	17	

OCCUPATION
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. Hwk
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) Tennessee /

FATHER
13. NAME William Bean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee /

MOTHER
15. MAIDEN NAME Elizabeth ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St. Marcus Cem, DATE 3/2/39, 19

19. FUNERAL DIRECTOR (NAME) Schumacher Und, Co.
(ADDRESS) 3013 Meramec

20. FILED MAR 1, 1939 J. D. Budek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/17/39, 19, to 2/27/39, 19
I last saw her alive on 2/27/39, 19. Death is said to have occurred on the date stated above, at 3. 30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral arteriosclerosis	
multiple cerebral softening	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) Edward Weiss, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor with the above constitutes grounds for revocation of license.)

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