

REG. MAR 11 1941
Registration District No. 784

Primary Registration District No. 101

Registrar's No. 326

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether)

In this community life
years, months or days

3. (a) PRINT FULL NAME Homer Jr.) Herndon

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 10 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 1 1 hr. min.

9. Birthplace Overland Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business _____

MOTHER FATHER { 12. Name Homer Herndon

13. Birthplace unknown Ky. /
(City, town, or county) (State or foreign country)

14. Maiden name Arline Thomason

15. Birthplace Unknown Mo. /
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Herndon

(b) Address Aide + St. Charles Rd

17. (a) Burial (b) Date thereof 2/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee Lee Cem.

18. (a) Signature of funeral director Baumann Bros

(b) Address 250 W. ...

19. (a) _____ (b) H. R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. Aide and St. Charles Rd. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1941 hour 4 minute :00 AM.

21. I hereby certify that I attended the deceased from 2-4-41 to 2-11-41; that I last saw him alive on 2-11-41 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis?

Duration 48 hrs.

Due to _____

Due to _____

Other conditions Pyelonephritis 21 days.
(Include pregnancy within 3 months of death)

Major findings: Of operations Hypertrophic Pyelonephritis
Stenosis

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James Bond M.D. (M. D. or other) _____
Address H. Louis County Hosp. Date signed 2/12/41

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Oscar L. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo*

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, fact should be so stated above.