V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16246

State File No.

FILED JUN 22 1942

Registration District No.

Primary Registration District No.

Registrar's No. 5058

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 11 days (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 229

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 2822 Walnut St.
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alia Herndon

3. (b) If veteran, name war no

3. (c) Social Security No. 492-16-9494

4. Sex M 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Frances Herndon

6. (c) Age of husband or wife if alive Alive years

7. Birth date of deceased 2 (Month) 5 (Day) 1883 (Year)

8. AGE: Years 59 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) MOO (State or foreign country)

10. Usual occupation Night watchman

11. Industry or business

FATHER
12. Name Nepolia Herndon
13. Birthplace Springfield (City, town, or county) MOO (State or foreign country)

MOTHER
14. Maiden name Millie Bedell
15. Birthplace Springfield (City, town, or county) MOO (State or foreign country)

16. (a) Informant Frances Herndon
(b) Address 2822 Walnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson, St

19. (a) JUN 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6, year 1942 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 25, 1942, to June 6, 1942 that I last saw him alive on June 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. E. Smith (M. D. ~~or other~~)

Address 2601 N. Whittier Date signed 6/8/42

844 (Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~

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

working under my personal supervision.

Signed Oliver L. Howell

Licensed Embalmer No. 2452

P. O. Address 3028 Dickson

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.