

S. No. 2
A-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41935/

State File No.

Registrar's No. 2782

FILED JAN 15 1943
Registration District No. 284

Primary Registration District No. 106

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Tammany Home
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ILLINOIS (b) County ST. CLAIR 11

(c) City or town EAST ST. LOUIS 1
(If outside city or town limits, write "RURAL")

(d) Street No. 706 N. 78th.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. 2

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Zada Herrling

3. (b) If veteran, name war none

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec. day 26
year 1942 hour _____ minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Alfred Herrling 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 10, 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 10 1942 to Dec 26 1942
that I last saw him alive on Dec 26 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>10</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Apoplexy Duration 3 days

9. Birthplace Shiloh Ill
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation At Home

11. Industry or business _____

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Ben Million

13. Birthplace Belleville Ill
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Phillips

15. Birthplace not known
(City, town, or county) (State or foreign country)

Major findings:
Of operations 830

Of autopsy _____

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

16. (a) Informant Chas Bunker

(b) Address EAST ST. LOUIS ILL.

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

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

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Dec. 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Carmel, Belleville, Ill
East St. Louis, Ill

(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? _____

18. (a) Signature of funeral director Chas Bunker

(b) Address East St. Louis, Ill

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

19. (a) DEC 28 1942 (b) C. J. McHaran M.D.
(Date received local registrar) (Registrar's signature)

23. Signature C. E. Barnett (M. D. or other) _____
Address 243 W Jefferson Date signed 12-26-42

709

(Licensed Embalmer's Statement on Reverse Side)

mo

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: *Chas M. Burke*

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.