

S. No. 2  
DM-5-43  
v. 5-17-39  
P I X18671

FILED FEB 18 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **1402**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4909 Parkview /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 73 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town City of St. Louis 12  
(If outside city or town limits, write "RURAL") 95  
(d) Street No. 3254 Delor Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Catherine Herring

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed  
6. (b) Name of husband or wife John H. Herring 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 6 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 0 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Dan Daly  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Kellener  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Herring  
(b) Address 3254 Delor

17. (a) burial (b) Date thereof 2-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 South Grand Blvd.

19. (a) SEP 13 1944 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11  
year 1944 hour 11:35 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Jan 2, 1939 to Feb 11, 1944  
that I last saw him alive on Feb 11, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
Due to Senility

Due to 97  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

Chronic

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 0  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 7702 [Signature] Date signed 2/12/44

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

**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.....

*Virgil L. Berryman*

..... Licensed Embalmer No. *4018* .....

P. O. Address..... *St. Louis, 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.**