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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19800

Registrar's No. 5395

1. PLACE OF DEATH:

(a) County ST LOUIS

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

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

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

In this community 25 years 2 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Crystal City (If outside city or town limits, write "RURAL") NR

(d) Street No. ✓ (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME CHARLES A. HERRINGTON

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex MALE 2

5. Color or race Colored

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

6. (b) Name of husband or wife GUSSIE HARRINGTON

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July (Month) 27 (Day) 1889 (Year)

8. AGE: Years 54 Months 10 Days 17 If less than one day ___ hr. ___ min.

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

10. Usual occupation JANITOR

11. Industry or business CRYSTAL HOTEL

FATHER
12. Name ALEX HARRINGTON
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name BETTIE Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gussie Harrington

(b) Address Crystal City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo

18. (a) Signature of funeral director Gentry R. Pollitt

(b) Address Crystal City, Mo

19. (a) JUN 14 1944 (Date received local registrar) (b) J. F. Beedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13, year 1944 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from June 13, 1944, to June 13, 1944, that I last saw him alive on June 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated left inguinal hernia general peritonitis 4 hrs.

Due to

Due to

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

Major findings: Of operations none

Of autopsy none

Duration

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 —

23. Signature John F Rutledge (M. D. or other) MD

Address Crystal City Date signed 6-13-44

(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, or by.....

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

working under my personal supervision.

Signed Geoffrey R. Pollitte

Licensed Embalmer No. 3781

P. O. Address Crystal City, T

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

If this body is not embalmed, fact should be so stated above.