. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 3 1945

State File No. 11311

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3728

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4276 W CoteBrilliante Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State St. Louis, Mo. (b) County
(c) City or town 4276 W CoteBrilliante
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Pinnia Harrington
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 23 19 (Month) (Day) (Year)
8. AGE: Years 66 Months Days If less than one day hr. min.
9. Birthplace Greenwood Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Not Known
13. Birthplace Miss. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Wade
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Will E. Harrington
(b) Address 4219 W Evans Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.
19. (a) APR 26 1945 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23 year 1945 hour 1 minute 4 A.M.
21. I hereby certify that I attended the deceased from 4/23 1945 to 4/23 1945 and that I last saw alive on 4/21/45 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Mitral Insufficiency 2 years
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo E Burns (M. D. or other)
Address 4322 Lacleede Date signed 4/25

(Licensed Embalmer's Statement on Reverse Side) Chas. E. Harriot

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. Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard

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.