

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3069

State File No. 3404
Registrar's No. 211

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town RICH HTS - Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST MARYS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 HOURS
9 1/2 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME BABY GIRL HARRINGTON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased JAN 26 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
9 1/2 hr. _____ min.

9. Birthplace RICH HTS Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name EARL J. HARRINGTON
13. Birthplace CAMBRIDGE NEW YORK
(City, town, or county) (State or foreign country)
14. Maiden name MARION V. METZGER
15. Birthplace SEATTLE WASH
(City, town, or county) (State or foreign country)

16. (a) Informant Earl J. Harrington
(b) Address Scott Field Ave

17. (a) CREMATION (b) Date thereof JAN 28 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREM

18. (a) Signature of funeral director Walter D. Bickner
(b) Address 6536 Clayton Rd

19. (a) 1-31-47 (b) Walter D. Bickner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State 166 (b) County 797
(c) City or town ORAVILLE 11
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1947 hour 11 minute _____ M.
21. I hereby certify that I attended the deceased from 1/26/47 to 1/26/47
_____ 19____ to _____ 19____
that I last saw her alive on 1/26/47 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia
hematuria - 6 1/2 mo
Due to hematuria - 6 1/2 mo
Due to hematuria - 6 1/2 mo
Other conditions 159
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)
(a) Means of injury _____
23. Signature Paul G. Hatcher M.D.
654 N. Grand Ave. (b) Date signed 1/29/47

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.....

Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.