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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1947

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11937

Primary Registration District No. 6676

Registrar's No. 776

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 117 E. Ripa 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: Mo. (b) County: St. Louis

(c) City or town: Lemay
(If outside city or town limits, write "RURAL")

(d) Street No.: 117 E. Ripa ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME: David P. Herring

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Martha Herring

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

7. Birth date of deceased: October (Month) 17 (Day) 1866 (Year)

8. AGE: Years 80 Months 5 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace: Cattawa (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Nil

11. Industry or business .....

MOTHER FATHER

12. Name: Orlene Herring

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

14. Maiden name: Mary Dykus

15. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

16. (a) Informant: Miss Bessie Herring

(b) Address: 117 E. Ripa ave. Lemay, 23, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 5, 47 (Month) (Day) (Year)

(c) Place: burial or cremation: Mounds, Illinois

18. (a) Signature of funeral director: C. Hoffmeister U.&L.Co.

(b) Address: 7814 S. Broadway

19. (a) 4-7-47 (Date received local registrar) (b) Cecil A. Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1947 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 18, 1940, to April 2, 1947 that I last saw him alive on April 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	3 days
Due to: Chr Myocarditis	7 yrs
Due to: arteriosclerosis	?
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: 0

23. Signature: Max Sturhoff (M. D. or other) MD

Address: 512 Dover Pl. Date signed 4/4/47

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1947

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. Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address. 7814 S. Broadway

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.