

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18102

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 863

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington	
d. FULL NAME OF HOSPITAL OR INSTITUTION #4A Sappington Acres		d. STREET ADDRESS (If rural, give location) #4A Sappington Acres	

3. NAME OF DECEASED (Type or Print) LEON	a. (First)	b. (Middle)	c. (Last) HERRICK	4. DATE OF DEATH (Month) (Day) (Year) Apr. 8 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 20, 1867	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 5 Days 18	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman for Steelcote Paint Co.	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Kinmundy, Ill.	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME George Herrick	13b. MOTHER'S MAIDEN NAME Mary Hall	14. NAME OF HUSBAND OR WIFE Leona Herrick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Leona Herrick #4A Sappington Acres	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc... It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		1948+
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		1945+
	DUE TO (c) Smoking 4221		1945+
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lacuna of Postale 512			1948+

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 4/27, 1948, to 4/8, 1949, that I last saw the deceased alive on 4/7, 1949, and that death occurred at 6:15P m., from the causes and on the date stated above.

23a. SIGNATURE Hubert P Smith (Degree or title) MD	23b. ADDRESS 5203 Cheffers Dr	23c. DATE SIGNED 4/9/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 11, 1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. 4-11-49	REGISTRAR'S SIGNATURE Hubert P Smith	25. FUNERAL DIRECTOR'S SIGNATURE Oriegshauser ADDRESS 4228 S. Kingshighway Bl.
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WRITE PLAINLY--USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.