

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38812  
State File No. 9812  
Registrar's No.

318 1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>15 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>4975 Loughborough Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Emma Herring</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 12, 1949</b>	
a. (First)		c. (Last)	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>September 22, 1894</b>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Proprietor Drug Store</b>	
11. BIRTHPLACE (State or foreign country) <b>Kansas City Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	

13a. FATHER'S NAME <b>Walter Ladd</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Little</b>		14. NAME OF HUSBAND OR WIFE <b>loyd Herring (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>498-09-0496</b>		17. INFORMANT'S SIGNATURE OR NAME <b>loyd Herring</b>	
				ADDRESS <b>4975 Loughborough</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Congestion;</b> <b>Barbiturate poisoning self administered at her home on or about Nov. 9 1949 exact time not recalled;</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>None recalled;</b>		DUE TO			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Whether intentional or accidental could not be determined</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>open Verdict</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>open Verdict</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>1949</b>	
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? <b>99.55</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:55<sup>PM</sup>** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Walter Perry Deputy Coroner</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>11/14/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 15th 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington</b>	
24d. LOCATION (City, town, or county) (State) <b>Glasgow Mo</b>					

DATE REC'D BY LOCAL REG. <b>NOV 14 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Casater Deputy Registrar</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heidmann</b>	
				ADDRESS <b>203 Gravois Ave.</b>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No.

*3749*

P. O. Address

*St. Louis, Mo.*

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.