FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22293

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 1571

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Overland Mo
c. LENGTH OF STAY (In this place): 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9538 - Tennyson Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Overland Mo 4231
d. STREET ADDRESS (If rural, give location): 9538 - Tennyson Ave

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle): ELMER
c. (Last): HEADRICK

4. DATE OF DEATH (Month) (Day) (Year): 6 - 24 - 50

5. SEX: Male ()
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Jan. 4 - 1886
9. AGE (In years last birthday): 64
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Post office
10b. KIND OF BUSINESS OR INDUSTRY: Chief Clerk
11. BIRTHPLACE (State or foreign country): Missouri Mo Pike Co
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Buchannon
13b. MOTHER'S MAIDEN NAME: Rhoda C. Sweeting
14. NAME OF HUSBAND OR WIFE: Katharine a. Headrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Katharine Headrick
ADDRESS: Overland Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized carcinomatosis — (unknown)
DUE TO (c) Carcinoma of Sigmoid (supp. report) — 153X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

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): Overland, St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 11 April, 1950, *to* 24 June, 1950, *that I last saw the deceased alive on* 24 June, 1950, *and that death occurred at* 6:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD
23b. ADDRESS: 2438 Woodson Rd. Overland Mo
23c. DATE SIGNED: 26 June '50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-27-50
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: 6-26-50
REGISTRAR'S SIGNATURE: Herbert C. Wombse, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: BAUMANN BROTHERS OVERLAND MO

(Licensed Embalmer's Statement on Reverse Side)

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 3457

.....,

working under my personal supervision.

Student Embalmer No.....

Signed David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3452

P. O. Address Overland (4)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.