

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3068** Registrar's No. **2458**

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

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| 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 Maplewood | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2824 Burgess Ave | | d. STREET ADDRESS (If rural, give location) 2824 Burgess Ave. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Delia b. (Middle) _____ c. (Last) Herald | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1950 |
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| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH Unknown 1880 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 100 HRS. Hour _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Thomas Burke | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Arnold Herald |
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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) | 16. SOCIAL SECURITY NO. unk | 17. INFORMANT'S SIGNATURE OR NAME Olivia Kelleher | ADDRESS 4736 Westminster |
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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 1 minute |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-neuritis DUE TO (c) Diabetes | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arterio-sclerosis | | 30 yrs. 5 yrs. | |

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| 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) (Minute) | 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 **3/2** 19**50**, to **10/12** 19**50**, that I last saw the deceased alive on **9/15** 19**50**, and that death occurred at **2:00 P.** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) E. P. Remar M.D. | 23b. ADDRESS 2901 Big Bend Pl. | 23c. DATE SIGNED 10/13/50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 14, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 13 1950 | 25. FUNERAL DIRECTOR'S SIGNATURE J. Donnelly | ADDRESS 3840 Kendall Blvd |
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*No. Incinerated
2901 Reg. House Road*

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. Alan Mathe

Signed.....
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.