

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hospital #1.		STREET ADDRESS (If rural, give location) 3225 Montgomery	

3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) c. (Last) HERRICK	4. DATE OF DEATH (Month) (Day) (Year) December 2nd, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 20, 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Stephen Herrick	13b. MOTHER'S MAIDEN NAME Mary unknown	14. NAME OF HUSBAND OR WIFE Mary Herrick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk.	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME City Hospital records	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary insufficiency		
	DUE TO (c) coronary arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis - CAS			

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? H/O
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22. I hereby certify that I attended the deceased from **5/5/50**, 19____, to **12/2/50**, 19____, that I last saw the deceased alive on **12/2/50**, 19____, and that death occurred at **9:45 pm**, from the causes and on the date stated above.

23a. SIGNATURE Herbert Schindler, Jr. MD.	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 12/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-3-51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. JAN 3 1951	REGISTRAR'S SIGNATURE J. B. Farsten	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1981

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed J. M. Rankley
Licensed Embalmer No. ~~7005~~ 3563
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.