

S. No. 300
V. 10.48

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2604
Registrar's No. 211

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 6974 Oleatha Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6974 Oleatha Ave.		e. STREET ADDRESS (If rural, give location) 6974 Oleatha Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Alexander b. (Middle) Kerr c. (Last) Herries		4. DATE OF DEATH (Month) (Day) (Year) Jan. 70 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 10, 1867
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Robert Herries		13b. MOTHER'S MAIDEN NAME Mary Ann Hunter	14. NAME OF HUSBAND OR WIFE Mary O'Rourke Herries
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Linberg, 6974 Oleatha Ave.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chr. Cardio-nephritis</i> ANTECEDENT CAUSES <i>Acute Myocarditis</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute Myocarditis</i> DUE TO (c) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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? <i>HH 2X</i>			
22. I hereby certify that I attended the deceased from <i>11/15</i> , 1950, to <i>1/7</i> , 1951, that I last saw the deceased alive on <i>1/6</i> , 1951, and that death occurred at <i>5:10A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>W. E. Egan M.D.</i> (Degree or title)		23b. ADDRESS <i>2901 Big Bend Rd.</i>	
23c. DATE SIGNED <i>1/8/51</i>			
24a. BURIAL OR CREMATION (REMOVAL) (Specify) Burial		24b. DATE Jan. 9, 1951	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JAN 9 1951		REGISTRAR'S SIGNATURE <i>J. B. Hunter</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Holmeister Colonial Mortuary		6464 Chippewa St.	

Dr. E. E. Tremaine
2901 Big Bend Rd.

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.