

FILED JUN 5 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 18164  
4942

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's 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) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2159</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4048a Giles Avenue</b>				13. STREET ADDRESS (If rural, give location) <b>4048a Giles Avenue</b>			
3. NAME OF DECEASED (Type or Print) <b>MILLARD</b>		a. (First) _____		b. (Middle) <b>B.</b>		c. (Last) <b>HERELEY</b>	
4. DATE OF DEATH <b>May 26, 1951</b>		(Month) _____ (Day) _____ (Year) _____		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 30, 1889</b>		9. AGE (In years last birthday) <b>61</b>		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) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wilson Meat Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Chicago, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Millard Hereley</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Murphy</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle Hereley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		(If yes, give war or dates of service) <b>W. W. I</b>		16. SOCIAL SECURITY NO. <b>350-07-2253</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Myrtle Hereley</b>	
ADDRESS <b>4048a Giles Ave.</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, athermia, etc. It means the disease, injury, or complication which caused death.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia - bronchial</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Tachycardia - intermittent</b> DUE TO (c) <b>Chronic alcoholism</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>3 yrs</b> <b>4 yrs</b> <b>3 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obesity + physical incapacitation</b>		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? <b>322.1</b>					
22. I hereby certify that I attended the deceased from <b>March 31, 1948</b> , to <b>May 25, 1951</b> , that I last saw the deceased alive on <b>May 25, 1951</b> , and that death occurred at <b>8:05 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John V. Lawrence</b> (Degree or title) _____				23b. ADDRESS <b>634 No Grand Ave 25(3) Mo</b>		23c. DATE SIGNED <b>5/26/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal - Rail</b>		24b. DATE <b>May 26, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>		24d. LOCATION (City, town, or county) <b>Chicago, Illinois</b> (State) _____	
DATE REC'D BY LOCAL REG. <b>MAY 28 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Fausta</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Robert L. &amp; V. G. 1905 So. GRAND</b> ADDRESS _____			

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AUG 1 1957

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 \_\_\_\_\_

*Konrad O. Gahrke*

Licensed Embalmer No. \_\_\_\_\_

3917

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.