

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 1 1951

State File No. 28322  
7471

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY /				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) ST. LOUIS		c. LENGTH OF STAY (In this place) 25 OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2259				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1413 BIDDLE ST				d. STREET ADDRESS (If rural, give location) 1413 BIDDLE ST						
3. NAME OF DECEASED (Type or Print) LIZZIE			a. (First)		b. (Middle)		c. (Last) HEARRING			
4. DATE OF DEATH (Month) (Day) (Year) AUG. 19 51		5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNMARRIED		8. DATE OF BIRTH AUG. 11 1898		
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) ATLANTA GEORGIA			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILL HEARRING			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE				
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARA HAMPTON 2213 FRANKLIN						
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subarachnoid Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. HOW DID INJURY OCCUR? 331X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>5:15 P.M.</i> , from the causes and on the date stated above.						
23a. SIGNATURE <i>W. J. S.</i> (Degree or title)				23b. ADDRESS 1300 Clark Ave.		23c. DATE SIGNED				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-25-51		24c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETERY		24d. LOCATION (City, town, or county) (State) LEMAY MO				
DATE REC'D BY LOCAL REG. AUG 22 1951		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.O.</i>		25. FUNERAL DIRECTOR'S SIGNATURE MOSE VASSER		ADDRESS 2812 CASS AVE.				

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Leroy H. Sannicatore*

Licensed Embalmer No. 4523

P. O. Address. 3880 Eastern Ave

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.