

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30633

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 74

1. PLACE OF DEATH  
 a. COUNTY JEFFERSON  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. RURAL - Meremac  
 c. LENGTH OF STAY (in this place) 3 WKS.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Mo.  
 b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis, Mo.  
 d. STREET ADDRESS (If rural, give location) 4504 Laclede Ave.

3. NAME OF DECEASED  
 (Type or Print)  
 a. (First) JOHN  
 b. (Middle) W  
 c. (Last) HERD

4. DATE OF DEATH  
 (Month) (Day) (Year)  
Sept 26 1951

5. SEX  
M. O

6. COLOR OR RACE  
W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
MARRIED 1

8. DATE OF BIRTH  
7-5-1877

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min.  
74 2 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
RETIRED-

10b. KIND OF BUSINESS OR INDUSTRY  
INSURANCE ADJUSTOR

11. BIRTHPLACE (State or foreign country)  
BOLTON, ENGLAND 4

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
DR. JOHN W. HERD.

13b. MOTHER'S MAIDEN NAME  
LILLIAN WHITLY.

14. NAME OF HUSBAND OR WIFE  
LAURA HERD.

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.  
\_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
MRS. LAURA HERD - 4504 Laclede.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) 4201  
 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  NO

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)  
Rte # 1 Catawissa Jefferson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
9 26 51 12:00 PM

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR  
\_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased dying on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE (Ink or title)  
Henry Matthews Coxner

23b. ADDRESS  
101 Main St Festus Mo

23c. DATE SIGNED  
9/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

24b. DATE  
9-29-1951

24c. NAME OF CEMETERY OR CREMATORY  
Valhalla Crematory

24d. LOCATION (City, town, or county) (State)  
St Louis Mo

DATE REC'D BY LOCAL REG.  
9-29-1951

REGISTRAR'S SIGNATURE  
Ruth Jirsa 438

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Weyand & Son 6175 Delmar

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

DEC 12 1957

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
10-2-57

SEP 11 1957

1951 8 1300

**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 \_\_\_\_\_

Signed .....  
Student Embalmer

Licensed Embalmer No. ....

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.