S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26663

FILED AUG 1 1952

BIRTH NO. ____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1983

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1325 Lanvale Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves 2 4051 0
d. STREET ADDRESS (If rural, give location): 1325 Lanvale Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): Lillian
b. (Middle): O.
c. (Last): Harrington

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 18, 1886

9. AGE (In years last birthday): 65 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo. O

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Schellenberg

13b. MOTHER'S MAIDEN NAME: Bertha Rudolph

14. NAME OF HUSBAND OR WIFE: George Harrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Juliann Lockett 1325 Lanvale Dr.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Thrombosis — Interval between onset and death: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocardial Sclerosis — 4 years
DUE TO (c) 4201

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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) m.:
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* 7-29, 19 49, *to* 7-22, 19 52, *that I last saw the deceased alive on* 7-17, 19 52, *and that death occurred at* 6:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Ehrlinger, M.D.
23b. ADDRESS: 5203 CHIPPEWA
23c. DATE SIGNED: 7-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 7-24-52
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.
SW
(Licensed Embalmer's Statement on Reverse Side)

Dr. R. Ruhling,
5203 Chippewa St.,
HU 1562
No autopsy Wed,
2-5 PM

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 Louis C. Hoffmann

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.